

DOCUMENT RESUME

ED 072 600

EC 051 119

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TITLE SEIMC Services to Parents of Handicapped Children.
INSTITUTION New York State Education Dept., Albany. Special
Education Instructional Materials Center.
SPONS AGENCY New York State Education Dept., Albany. Div. for
Handicapped Children.
PUB DATE Mar 72
NOTE 136p.; Proceedings of the Special Study Institute,
March 14 and 15, 1972, New York, New York

EDRS PRICE MF-\$0.65 HC-\$6.58
DESCRIPTORS Conference Reports; *Exceptional Child Services;
*Handicapped Children; *Instructional Materials
Centers; Parent Influence; *Parent Role; *Parents
IDENTIFIERS Special Education Instructional Materials Centers

ABSTRACT

Presented are proceedings from a 2-day special study institute intended to define the roles which Regional and Associate Special Education Instructional Materials Centers (SEIMC), particularly those in the downstate New York region, can play in relating to parents of handicapped children. Four mothers describe their problems in obtaining adequate diagnostic and treatment services for their handicapped children. Parents and educators discuss the success of the Parent Advisory Committee in obtaining assistance from the county school district for handicapped pupils. Other presentations concern area working committee reports about plans for working with parents of handicapped children, parent involvement in a program for preschool multiply handicapped children, parents as program participants and co-educators, and a training program for volunteer reading tutors. Also considered are behavior management techniques for parents, language as the tool for learning, and educational materials available to parents from the SEIMC network. (GW)

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SEIMC
Services
to
Parents
of
Handicapped
Children

ED 072600

PROCEEDINGS
of the
SPECIAL STUDY INSTITUTE

SEIMC SERVICES TO PARENTS OF HANDICAPPED CHILDREN
(SEIMC: A Partner to Parents and Educators of Handicapped Children)

SPONSORED BY THE
DIVISION FOR HANDICAPPED CHILDREN
NEW YORK STATE EDUCATION DEPARTMENT
IN COOPERATION WITH THE
REGIONAL SPECIAL EDUCATION INSTRUCTIONAL MATERIALS CENTER
AT
HUNTER COLLEGE
CITY UNIVERSITY OF NEW YORK, OFFICE OF TEACHER EDUCATION

March 14 and 15, 1972
Brotherhood-In-Action Building
New York, N. Y.

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A New York State Special Education Instructional Materials Center
Network Project

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PROGRAM
SPECIAL STUDY INSTITUTE

SEIMC SERVICES TO PARENTS OF HANDICAPPED CHILDREN
(SEIMC: A Partner to Parents and Educators of Handicapped Children)

Tuesday, March 14, 1972

- 8:45 A.M. Registration and Coffee
- 9:15 INTRODUCTION
 Dr. Shirley Cohen, Director
 Regional Special Education Instructional Materials Center
 City University of New York at Hunter College
 New York, New York
- 9:30 LISTENING TO PARENTS
 Mrs. Anne Miciotta
 Mrs. Sarita Rein
 Parent's Alliance
 New York, New York
- Mrs. Jill Levy
 Mrs. Suzy Temkin
 Pathfinder School
 Queens, New York
- 10:15 RESPONDING TO PARENTS
 Mrs. Dorothy Buehring, Associate in the
 Education of the Mentally Retarded
 New York State Education Department
 Albany, New York
- 10:45 "CAN EDUCATORS WORK WITH PARENTS? TRY IT - YOU'LL LIKE IT"
 Dr. Gordon Anderson, Superintendent
 Yorktown Central School District #2
 Yorktown Heights, New York
- Dr. Paul Irvine, Director of Special Education
 Westchester County BOCES #1
 Yorktown Heights, New York
- Mr. Richard Cook, Director of Pupil Personnel Services
 Yorktown Central School District #2
 Yorktown Heights, New York

Tuesday, March 14, 1972

Mrs. Yvonne Morgan, Teacher
Brookside Elementary School
Yorktown Heights, New York

Mrs. Shirley Tatem, Chairman
Mrs. Florence Carey
Mrs. Linda Evans
Mrs. Marie Tompkins
Yorktown Parent Advisory Committee on Special Education

12:00

BOX LUNCH

FILM SERIES - PART I

"Behavior Modification: Teaching Language to
Psychotic Children"

1:15 P.M.

CHARGE TO AREA WORKING COMMITTEES

Dr. Shirley Cohen

1:30

AREA WORKING COMMITTEES: Local Planning of Objectives
and Strategies for Working with Parents

3:45

FILM SERIES - PART II

"A Time for Georgia"
"Autistic Syndrome I"

Wednesday, March 15, 1972

8:45 COFFEE

9:15 PARENT INVOLVEMENT IN A PROGRAM FOR PRE-SCHOOL
MULTIPLY HANDICAPPED CHILDREN

Mrs. Berta Rafael, Director
Miss Elsie Thompson, Parent Education Coordinator

Mrs. Vivie Gammons, Parent
Mrs. Alvira McClehan, Parent
Mrs. Helen Reddick, Parent
Mrs. Maxine Schwartz, Parent
Early Education Demonstration Project
United Cerebral Palsy of New York City

10:00 PROCEDURES-PRESENTATIONS

Mrs. Julie Beckman, Project Associate
Regional Special Education Instructional Materials Center
City University of New York at Hunter College
New York, New York

10:15 WORKSHOP PRESENTATIONS

I PARENTS: PARTICIPANTS AND CO-EDUCATORS

Mrs. Judith Bloch, Director
The Pre-Schooler's Workshop
Garden City, Long Island, New York

II VOLUNTEER READING TUTOR TRAINING PROGRAM: TRADE-A-CHILD
Mr. Abraham Haklay, Senior Learning Therapist
Coney Island Hospital
Brooklyn, New York

III HOW TO FOR PARENTS: Behavior Management At Home
Mrs. Phyllis Susser, Director
Pathfinder School
Queens, New York

Mr. Peter Sencevicky, Principal
Dennis B. O'Brien School
Dover, New Jersey

IV LANGUAGE - THE TOOL FOR LEARNING
Mrs. Shulamith Kastein, Consultant
Speech and Language Development
New York, New York

Wednesday, March 15, 1972

V EDUCATIONAL MATERIALS

A. Materials That Involve Parents

Mr. John Bancroft, Training Specialist
Associate Special Education Instructional Materials Ce
Chenango, New York

B. Educational Materials in the Home

Mrs. Judith Schmidt, Project Associate
Special Education Instructional Materials Center
New York City Board of Education
New York, New York

11:30

BOX LUNCH

FILM SERIES - PART III

"The Opportunity Class"

"Selling One Guy Named Larry"

1:00 P.M.

AREA WORKING COMMITTEES: Additional Planning for
Local Parent Programs

2:30

CLOSING REMARKS

Dr. Helen D. Feulner, Acting Assistant Superintendent
Office of Special Education and Pupil Personnel Services
New York City Board of Education
New York, New York

3:30

FILM SERIES REPETITION

"A Time for Georgia"

"Autistic Syndrome I"

INTRODUCTION
Dr. Shirley Cohen

I am very happy to welcome you to what we hope will be two valuable days of exchange and expansion of ideas. The purpose of this Special Study Institute is to define the roles which Regional and Associate Special Education Instructional Materials Centers (SEIMC) can play in relating to parents of handicapped children. While we will focus specifically on the centers in the downstate New York region, we hope that the ideas generated here may serve as models for SEIMC's throughout the state and country.

The SEIMC network has addressed itself to advancing educational opportunities for handicapped children primarily by providing information, services, and products for special educators. However, in recent years we have become increasingly aware of the large and critical role which parents play in the education of their children. When we think of parents of handicapped children this role is even larger, since handicapped children often lack the opportunity or capacity to absorb information through general exposure in the community and in peer relations.

Dr. Cohen is Director of the Regional Special Education Instructional Materials Center, City University of New York At Hunter College, New York, New York.

This heightened recognition of the role of parents as educators, together with the growth of knowledgeable and articulate parent organizations, has begun to spur a new and exciting partnership of parents and educators. We at SEIMC appreciate this growing partnership and believe that we can contribute to its development and growth.

This is not the kind of institute where one or two extraordinarily insightful experts present you with the answer to the issue raised at this conference: How SEIMC should work with parents of handicapped children. This is an institute where some guidelines for developing answers will be presented and where you, the participants, will then be asked to work out the answers specifically appropriate to your particular setting. The delineation of specific objectives, strategies and activities will have to take into account: The programs for parents already in operation in your local area; the organization of educational services; the nature of the handicapped population; and the capacities of the SEIMC in terms of staff time and skill. The guidelines, which are also the themes of this conference, are built into the program itself.

..listen
to
parents

We believe that the first step in planning any program involving parents of the handicapped is to listen to parents of the handicapped - - to their point of view about needs and goals. It is for this reason that we chose several parents as our presenters this morning.

But listening to parents is not enough. We learned that in the course of planning this institute. We began to plan this institute from the point of view of what we, the educators, could do for parents of the handicapped. The title of the institute was "SEIMC Services to Parents of Handicapped Children." What we didn't recognize was that parents could teach us, that they could help us do our work more effectively.

..work
in
partnership

The question changed from what we could do for parents, to one of how we could work in partnership with parents and other educators to improve the education of handicapped children. Our working title became, "SEIMC: A Partner to Parents and Educators of Handicapped Children." This morning we have on our program an example of one such very effective partnership.

The third theme of this institute is that SEIMC programs must be carefully planned in coordination with other existing programs for handicapped children and their parents.

.. in
cooperation
with exist-
ing programs

It is for this reason that we did not plan this conference to include primarily SEIMC network personnel, but rather asked for representation by teachers, special education directors and agency personnel. We do not want to set up programs in competition with those already in operation. We do, however, want to lend our special expertise to already existing organizations and programs for parents of the handicapped. We also want to help fill the gaps in services by acting as catalysts and facilitators.

Our belief in the necessity of coordinating SEIMC programs with existing programs involving parents is reflected in the representation at this conference. I am happy to note that we do, in fact, have a diverse group of participants present here today, and I am sure that this will be reflected in the richness of ideas resulting from this institute.

COMMENTS

Julie Beckman

A parent is his child's first and most influential teacher. The major part of a child's early life is spent in company with his parents. Parents of handicapped children are expected to give more care and attention to their impaired children than any parent gives to an unimpaired child. Let us, the professionals, try to understand the problems that these all important people face. We can begin by removing barriers to successful communication.

We have invited parents to speak to us at this conference - - parents whose children are in public schools in New York City; parents whose children are in suburban school systems; parents whose children are in private schools. They are here to share their experiences of living with handicapped children both at home and in the educational community. We chose to focus on parents' needs in this conference because it is our hope to begin to match services to these needs, and to form a partnership which will help find solutions to some of their pressing problems.

Mrs. Beckman was on the staff of the Regional Special Education Instructional Materials Center, City University of New York, at the time of this institute.

LISTENING TO PARENTS

Anne Miciotta
Sarita Rein

Mrs. Sarita Rein

I am the parent of a handicapped child educated in a special class of the New York City school system. My first child, Greg, went into convulsions after birth, but then appeared to develop normally. However, at 2-1/2 years he did not talk and I became concerned. My pediatrician commented that "some children develop later than others" and suggested that I wait until he was 3 years old. Greg was taken to Bellevue for a series of tests which showed him to be brain injured. Another neurologist said the boy was "retarded." After Greg was given the label BI, it was suggested that I call the New York Association for Brain Injured Children (NYABIC). NYABIC gave me the names of three private schools and told me to forget about public education. One of the schools suggested was the League School for Seriously Disturbed Children, at which Greg was accepted. Here I was with a son who was labeled brain injured, retarded and slightly emotionally disturbed. Imagine the confusion that existed in finding out what Greg's problems really were! Finally, after Greg was at the League School for 1-1/2 years, I got a note from the Bureau for Physically Handicapped

Mrs. Sarita Rein and Mrs. Anne Miciotta both are parents of exceptional children who are enrolled in public school programs for exceptional children in New York City. They are also both members of Parents Alliance.

of the Board of Education to bring Greg for screening for a class for brain injured children. Here I was given another place to take my child but no contact with me as a parent was made. This was very disturbing. After much hesitation and doubts on my part, Greg entered P. S. 226 and he is doing quite well.

I went through years of desperation until I finally found help for Greg. Why didn't the pediatrician recognize the problem and counsel us much sooner? Why aren't pediatricians aware of existing programs?

Mrs. Anne Miciotta

I have a son with cerebral palsy. Until he was about a year old, I did not worry about him. He was alert. He was talking. But he wasn't sitting up. It took three months to be seen at Flower Fifth Avenue Clinic for the Retarded and then another five months for testing. I was told to wait another year and then bring him back. They didn't know what was the matter with him. Next I took him to the Hospital for Special Surgery where they diagnosed him as having cerebral palsy. We enrolled him at age 2-1/2 in a nursery school program, first at the hospital and then at a Cerebral Palsy School in Brooklyn. It was great for him and for me to know that he could get along without me.

When he was 4-1/2 years I took him to P. S. 226 to have him screened and he was accepted. It took another two months to get him on the bus schedule. Transportation problems are common occurrences for physically handicapped children because we need special hydraulic lift buses. Some of our children are denied education because of transportation.

We parents of handicapped children in P. S. 226 recognized similar wants for our children, so we began to work together. One of the classes had children from the 3rd to 8th grades in the same classroom. We went to the Bureau of Physically Handicapped to ask for help, but received little encouragement. Our small P.T.A. at P. S. 226 realized that participation with community school boards was a MUST. We flooded the Community School Board of District 21 with speakers, month after month. We developed an excellent rapport with all members of the Community School Board. They gave us space for junior high school classes. The Community School Board members watch out for our children before we even ask. We believe that all parents of handicapped children MUST become involved with their communities.

Everyone gives us sympathy, yet, for physically handicapped people the architectural barriers in the city are overwhelming. City Hall is inaccessible to the physically handicapped.

Lincoln Center has ramps but rest rooms are on the second floor with only escalators leading to them. Subways and buses are out of the question as a means of transportation for a person in a wheelchair. Some physically handicapped children are actually prisoners in their homes. We members of this society must try to formulate plans where programmed social activity with proper transportation will be made available to physically handicapped persons. We cannot rely on agencies to provide social activities.

Mrs. Sarita Rein

Parents of handicapped children are special parents. They must become involved with the community, the Board of Education, Department of Health, city government, etc. They have to worry about the whole community of handicapped children. Why do parents have to go and beg for proper services for their children? There should be a certain amount of physical space in city schools allocated for handicapped children. We propose that 10% of the physical space of all schools be made available for special education programs. This must be accomplished as a mandated law. Some of our classes have been discontinued because their schools became overcrowded. We must not allow this to happen. Society must realize that by recognizing the problems of the handicapped and

helping to alleviate these problems, they will become better human beings. When we make the handicapped productive members of society, society in general will be better.

We also must realize that education for the handicapped costs a great deal more than education of the non-handicapped. The state must take responsibility for funding the education of the handicapped in a more realistic way so that we can achieve quality education for our children.

The Parents Alliance

The Parents Alliance is a group formed by parents of handicapped children in New York City Board of Education programs. One of the main goals of Parents Alliance is to guarantee that parents of handicapped children will be informed about services for their children within the bailiwick of the public school system. Parents Alliance also works with the Office of Special Education and Pupil Personnel Services as members of the Advisory Committee in formulating new programs and revising existing programs for handicapped children. For the first time in New York City, parents of handicapped children have in the person of Dr. Helen Feulner, Assistant Superintendent of Special Education, a person who is attuned to parents.

LISTENING TO PARENTS

Mrs. Susan Temkin

As I am not an educator and have no professional experience in working with handicapped children and as I have no experience as a public speaker, I would like to simply relate my experiences chronologically in trying to find help for my child.

I will start from the time when we acknowledged that our child was different. When at the age of 2-1/2 Andy was still not speaking, was responding to sound sporadically and was obviously hyper-kinetic, we were sent by our family physician to a pediatric neurologist. The neurologist felt that a diagnosis at this early age would not be accurate, but sent us to the Reubella Clinic of New York University Hospital, since I had been exposed to German Measles during the second month of pregnancy. After a battery of tests was completed, we were told that Andy's hearing was adequate for speech and that he was suffering from minimal brain damage affecting the area of communication. They recommended speech therapy at the Hunter College Speech and Hearing Center. Andy began this program at age 3. He had two one-hour sessions weekly for ten months. Although there was no progress as far as speech was concerned, his therapist made me realize that he could learn. At this point a psychologist

Mrs. Temkin is the parent of a handicapped child. She is a volunteer at the Pathfinder School, Queens, New York.

attached to the Hunter College Unit diagnosed Andy's condition as Infantile Schizophrenia. Hunter College advised that we go to Queens College Speech and Hearing Center for the summer, as Hunter had no program to offer for that period. After the summer session, Queens College Speech and Hearing Center requested that Andy remain, as they were beginning an experimental program for "non-verbal" children. We started in the fall of 1969 - age 4. At the suggestion of the director of the center, we saw another pediatric neurologist for further evaluation. This neurologist's evaluation was organic brain damage with autistic overtones. He recommended several schools, one of which, fortunately for us, was the Pathfinder School. At about this time a breakthrough was finally made and Andy started speaking.

Andy started at the Pathfinder School in September, 1970. Both Queens College and Pathfinder felt that continuing at Queens College would be beneficial. Thanks to the cooperation of both facilities, we were able to schedule the speech classes early enough in the day so there was little interruption in Andy's Pathfinder program.

Something quite wonderful happened to me at the Pathfinder School. Mrs. Phyllis Susser, the director, began a program utilizing

parents as assistant teachers. I have been given the opportunity of working in the classroom directly with the children. The teachers have taught me various effective ways of working with our children. I, in turn, have been able to use these teaching techniques at home with my own child. Thank you, Mrs. Susser. In looking back at my experience, I come to the following conclusions:

1. Diagnosis of a young child is difficult.
2. There is no agency to advise the parents of the preschool child about what steps should be taken educationally.
3. There is limited liaison between complementary educational facilities. This liaison should be greatly expanded.
4. I have been very lucky in that I have met marvelous people who have directed me to other marvelous people, but I must emphasize that I was lucky.

LISTENING TO PARENTS

Mrs. Jill Levy

It is my hope that by representing the Parent-Involvement Program of the Pathfinder School, I might help to accent the important challenges that are being met and conquered by innovative educational programs that include parents, educators, social workers, psychologists, and administrators. Parent involvement is as important as professional involvement when "total planning" for the handicapped child is being done. It is my desire to try to get this point across to workers in allied fields.

I am the mother of a normal 10 year old boy and another boy nearly 7 years of age who is brain-injured. My younger son developed normally (or even more quickly) in spite of a congenital heart murmur which never manifested any overt systems. At the age of 4, verbal repetition became exceedingly apparent and inappropriate speech patterns were obvious. Within a few months intense hyper-activity, temper tantrums, and staring spells were in evidence and began to increase in number and intensity. An EEG tracing, done upon my request, showed petit-mal epilepsy, and a cardiac catheter proved cardiac surgery a necessity.

Mrs. Levy is the parent of a handicapped child. She is a volunteer at the Pathfinder School, Queens, New York.

I made a list of behavioral disorders for the neurologist which, coupled with observation and the EEG tracing, suggested cerebral dysfunction. Medication for epilepsy proved ineffective and medication for behavioral modification intensified the entire picture. Cardiac surgery was successfully performed, but the epilepsy worsened, and grand-mal seizures eventuated in spite of various medications, combinations thereof, and dosages which caused ataxia. There was severe and persistent language impairment and language loss.

The public school program for brain-injured children rejected my child. After two years and two private schools for brain-injured children with no signs of alleviation of any of the problems Pathfinder School - in spite of my son's overt, uncontrolled seizures, severe behavioral problems, and language difficulties - agreed to help. Little did I know that "help" applied to the parents as well as the child. I do not mean to imply that the parents have to assist; they receive help.

I volunteer at least once a week in the same class. I have no assigned CHORES!!! The teacher and I discuss the needs of the children and how best to meet them. We work together - individually - in groups - academically - socially - PROFESSIONALLY. The entire staff accepts parents as part of the school; we learn from them, they learn from us, and we all learn from the children.

My son is finally in good hands. People at his school are concerned with the total child and his total environment. My relationship with my child, my understanding of his handicap and how to deal with it was most certainly helped by my work with other children and the close relationship of staff and parents.

I had been under the idealistic misunderstanding that we should not try to hide our children's handicaps. I found though, that in many areas involving large bureaucracies one can find services made unavailable because of the archaic attitudes of many people in positions of authority towards specific disabilities such as epilepsy. It is with intense fervor that I and parents of similarly afflicted children, with the aid of interested and devoted professionals and parent groups such as Queens Association for Brain Injured Children, dedicate ourselves to the abolition of ignorance and unfair denial of services.

It is incumbent upon the medical profession to help the families of handicapped children locate resources within the community, educational, recreational, and therapeutic facilities, in order to ensure better mental health for the entire family unit. Physicians' jobs are not over with the writing of a prescription; follow-up service is important! It may save the children from further irrevocable brain-damage and/or emotional damage. Correct and early diagnosis is vital.

Labelling of children is often deceptive, of little or no value, and can lead to further alienation. Many children can adapt to some experiences in a normal school environment and should be encouraged to do so. All children should have access to the special curriculum facilities of a school. Labelling in and of itself can only serve to stigmatize.

When, because of insufficient facilities, a child is forced to leave his home territory for schooling elsewhere, he loses contact with normal neighborhood children. This must be circumvented by providing supervised recreational areas in each neighborhood for all children.

The Pathfinder School seeks ways in which to bring young school age volunteers into the school by providing opportunities for young adults to work with the children. The school personnel also encourages siblings to feel comfortable within the school's infrequently closed doors.

Parents and educators working together can rewrite the stagnant history of servicing the handicapped. Together we can lead the way for future generations of handicapped children to receive more - better types of services.

RESPONDING TO PARENTS

Dr. Shirley Cohen

The presentations which the four mothers -- Mrs. Rein, Mrs. Micciotta, Mrs. Levy and Mrs. Tempkin -- made today give us direction in our quest for developing more fully this partnership of parents and educators which has such great potential for improving the education of handicapped children. First, they told us about some recent attainments: Parents of handicapped children are getting together. They are helping each other. They are organizing to work for educational improvements. They are overcoming narrowly defined handicaps in favor of recognizing the common needs and problems of their handicapped children. They are making themselves available to work cooperatively with public school systems and private schools, through advisory boards and committees; as aides and tutors. They are beginning to recognize the importance of support from general education and the community and are helping to meet this need for public education by working with P.T.A.'s and local school boards.

This is a most impressive record of recent developments and achievements in regard to parents of the handicapped. If this picture were characteristic of all communities in the country we would be well on our way toward the goal of planning for the handicapped as well as the non-handicapped population in all aspects and levels of education and living.

Let us turn now to what we educators have been doing, as reflected in the presentations of these four mothers. First of all, some of us have been responding to and encouraging the active involvement of parents of the handicapped. Some educators have recognized the needs of parents for information and the development of better skills in dealing with their handicapped children. Some educators have learned that there is a gap in the educational team when the parent of the handicapped child is not a part of it, for parents can teach educators as well as learn from them. But each one of the parents reminded us that these examples were exceptions. Mrs. Temkin stressed her view that she was lucky. Mrs. Rein told us about her doubts and hesitations when her child was offered a special class placement in a public school but no one related to her as the parent about this placement. They told us about school transportation delays, space problems in the schools, lack of responsiveness from school personnel, inadequate liaison between the parents about educational programs, poor information and counseling about educational facilities for pre-school handicapped children, poor access for handicapped children to school programs in which they could participate if given the opportunity.

It seems to me that parents are giving us, as educators, the opportunity and support to:

- (1) Remedy basic deficits which currently exist in many school programs for the handicapped, both in regard to provisions for children and relations to parents.
- (2) Use all our talents, ingenuity and creativity to devise new programs for involving, using, teaching and learning from parents of the handicapped.

CAN EDUCATORS WORK WITH PARENTS? TRY IT -- YOU'LL LIKE IT

Dr. Gordon Anderson
Dr. Paul Irvine
Mr. Richard Cook
Mrs. Yvonne Morgan

Mrs. Shirley Tatem
Mrs. Florence Carey
Mrs. Linda Evans
Mrs. Marie Tompkins

Mrs. Shirley Tatem, Chairman of the Parent Advisory Committee, began by noting that parents and educators were making the presentation jointly.

Together we, parents and educators, share the belief that the greatest need of all of us -- parents, educators and children -- is our need to develop between parents and educators a working relationship between us continuously supports -- or undermines -- the efforts of everyone to help the children.

Richard Cook, Director of Pupil Personnel Services in the Yorktown School District, gave a sketch of the special problems which Yorktown's recent growth spurt created for handicapped children: exclusion from

Dr. Gordon Anderson is District Superintendent of Schools, Yorktown Heights. Dr. Paul Irvine is Director of Special Education, Westchester County BOCES I. (Dr. Irvine participated in planning this presentation but was, unfortunately, unable to participate as planned.) Richard Cook is Director of Pupil Personnel Services, and Mrs. Yvonne Morgan is a resource teacher in this same school district. The other members of the panel are members of the Yorktown Parent Advisory Committee on Special Education.

local schools; assignment to BOCES classes in church basements and outdated school buildings widely scattered over northern Westchester; a lack of recreational opportunities; isolation from other children.

Three years ago Mr. Cook became aware of how helpful parents could be in obtaining educational improvements. He had tried unsuccessfully to obtain space for handicapped children in the Yorktown School District. When he was joined in his efforts by Mrs. Florence Carey, the outcome was different.

Mrs. Florence Carey explained the role she had played in helping to obtain classrooms in the Yorktown School District. In the spring of 1969 the Yorktown School District announced a ten-year building expansion program which contained no provision for special education. Concerned that her 11-year old would never be able to attend a school in his own district, Mrs. Carey approached the Yorktown Board of Education at their public meeting and spoke of the needs of "the forgotten children in the churches," citing state law in regard to school provisions for these children. Dr. Gordon Anderson, the new District Superintendent, immediately pledged his cooperation, and by the fall of 1969 four district classrooms were being used for special education purposes.

Mrs. Linda Evans told the audience how Mr. Cook, realizing the possibilities of a new parent-educator alliance, sought out Mrs. Carey and several other parents who shared her concern, to form the nucleus of the Parent Advisory Committee.

As parents of handicapped children, we all felt isolated and defensive and angry. Facing and learning to cope with a child's limitations is a dark and lonely time of struggle for parents. Too often assignment to special education only increased feelings of isolation and frustration.

We ventilated our feelings against the system and the community. Mr. Cook was non-judgmental but offered clarification. Since we had little knowledge of the workings of special education programs he helped us begin to learn how special education is structured and financed.

We began to discover common problems and goals, and began to establish priorities for change. We began listening to each other and grew in understanding of our own children, ourselves and the problems of other children and their parents.

We realized how little we know and how much we had to learn. When we were ready to start learning, the professionals were ready to help us help ourselves.

Mrs. Tatem continued:

We carefully prepared for all our presentations. We researched the facts of finances, laws, structures, and then we presented formal reports with logical reasoned arguments for the changes we wanted. We didn't rely on anger. Anger was sometimes our motivating force, but we never used it as a weapon, because we feel that an angry approach too readily produces a defensive, closed-mind response. We really didn't know how we would be received, but the Yorktown Board of Education respected the extent of our efforts and our choice of approach, and they thanked us. Their personal reactions were heartwarming, and their response was gratifying -- they made the changes and improvements which we had requested.

Mrs. Carey and Mrs. Evans then summarized the work of the Parent Advisory Committee and the many changes which the parents helped to bring about since 1959:

- . Classroom space -- Three years ago no local space was provided for special education. This year 150 of the 175 special education children in Yorktown Heights will be in special education programs in regular local schools.
- . Re-establishment of the BOCES summer program for the last two years.
- . Establishment of recreational programs in swimming, bowling, art and dramatics.
- . A teacher exchange program between the special education staff and regular teachers.
- . Establishment of an informal affiliation with the regular PTA, so that one of our members sits on their executive Board, and articles about the special education program appear regularly in the PTA newspaper.
- . A three-day seminar for high school students on special education, and the use of high school students as helpers in special education classes.

- . Improvement in transportation for handicapped children.
- . Work with colleges and other segments of the community to improve understanding of the handicapped.
- . A survey of attitudes of parents of the handicapped toward school programs.
- . Persuasion of the New York State Legislation to refrain from cutting deeply into state aid to special education programs in the spring of 1971.

Most important of all is the change in attitudes and feelings of parents toward school personnel and of school personnel toward us.

We think our results are impressive proof of the effectiveness of our approach. We believe that other educators and other parents can produce equally impressive results if they, too, will learn to work together.

Mrs. Yvonne Morgan, resource teacher, explained how the work of the Parent Advisory Committee has affected her role as a teacher. She taught an isolated BOCES class in a church facility; a special education class in a regular school where students and faculty were not fully prepared to accept the "special" newcomers; and a resource room class which is considered an integral part of the school program. She thoughtfully described the effects of these three different environments upon a youngster whose year-by-year class changes have matched her own, saying that "since J. has been in the resource room program she just glows with good feelings about herself and her school." Mrs. Morgan spoke with enthusiasm of the popularity of the resource room among all her current pupils.

Mrs. Marie Tompkins

I am one of the parents whose life has been changed in many ways because of the Parent Advisory Committee.

Unlike some other parents of learning-disabled children, I never had any problems with Edward until he started school. That's when the trouble began. . .

His kindergarten teacher called him very immature. In first grade behavior problems de-

veloped. He was having trouble with his work and spent the next two summers in special reading programs. It was never explained to me that there was a relationship between this problem and the behavior problem which continued to get worse. He repeated first grade. At first he did well but by the middle of the year he was right back where he started. The bus company called to say that Edward was beating up younger kids and I was at war with my neighbors about their stories about Edward's behavior. . .

In March of the year he was in second grade. After testing and conferences he was sent to a BOCES special education program. Edward was not happy there.

All those years are a bitter memory for me. I didn't know anyone else who was having or had had similar problems, and I was hung up on hating the schools. I blamed all of Edward's problems on the schools. . .

Last year I heard about the Parent Advisory Committee when Edward began to visit Mrs. Tatem's son. At first I wasn't interested

but I went to a few meetings and it was good to see other parents who were trying to cope with this problem. I was gaining new understanding, but Edward was still in trouble in school. I was worried about what would happen the next year when he would be too old for elementary school and would have to go out of Yorktown Heights. I called Mrs. Tatem again and she said that if I wanted a better school I should stop complaining and start working. I was mad at the time, but later we learned that Edward would be going to a special class in a Yorktown middle school that the Parent Advisory Committee had worked to establish. I realized that the Parent Advisory Committee was responsible for this new opportunity for Edward and vowed to come to every meeting and contribute.

This year for Edward has been beautiful. He's a different child. He goes on a regular school bus. No problems. He feels comfortable with himself because of the way the schooling is being handled. No behavior problems.

And what a difference in our home life! My husband attended his first Parent Advisory Committee meeting two weeks ago, met a friend there and said to me afterwards, "You know we're really lucky that Edward has such a small problem. J's child is in a wheelchair."

Dr. Gordon Anderson concluded the panel presentation by giving his evaluation of the efforts of the Parent Advisory Committee in bringing about changes within the district's schools. He discussed the many positive effects of the inclusion of special education classes in the local schools, saying that not only are these classes highly successful, but that their presence within the local schools has helped to encourage many regular teachers toward more flexible and individualized programs of instruction.

The Parent Advisory Committee reminded us that we were not filling a need.

These youngsters are now being accepted. We have been trying to get rid of labels and integrate as much as we can.

I have seen our staff grow. Probably their greatest achievement is finding out that they can deal with these children in a school setting. Their fear grew out of lack of knowledge. They

have learned from the special education teachers through the Teacher Exchange Program. They have been the talents and techniques used by the special education teachers.

I get tired of all the talk about individualization, but I see real individualized teaching in special education. It serves as a model.

I see uniqueness here. People sitting down together to map out common goals. I have seen the benefits of parents and educators planning together in special education.

I hope that the kind of working relationship which has been so well developed between special education parents and staff members will be a prototype for all parent-staff relationships within the district.

CHARGE TO THE AREA WORKING COMMITTEES
Dr. Shirley Cohen

We have delineated several guidelines for planning SEIMC roles in relation to parents of handicapped children:

- (1) Listening to the parents' points of view about needs.
- (2) Working in partnership with parents - learning from them as well as teaching them.
- (3) Working in coordination with existing programs and organizations for parents -- supplementing existing programs via the special skills of SEIMC; serving as catalysts and facilitators for needed programs.

It is now your task to plan the specific programs appropriate for the SEIMC in your local area. We have prepared a list of questions to help focus your discussion. You will note that the first four of these questions refer to the relationship of educators and parents of handicapped children in your area. We cannot define SEIMC's role without first examining this broader question. We have also prepared, for your use in the workshops, a list of possible strategies for ASEIMC's in working with parents. What we left out, and left for you to do, was not only to draw up a list of objectives and strategies for your particular ASEIMC, but also a list of possible problems or issues. Let me mention a few now.

When does informing a parent turn into counseling a parent?

Are SEIMC personnel qualified to counsel? If not, how do they keep these two functions separate?

What do you do about a parent who comes into the center asking for materials to teach her child specific academic subjects?

Do you say "I can only help you if you come in with your child's teacher?" Or "I'll have to reach your child's teacher and discuss this matter with her first?"

How can you do this without "turning her off?" But, how do you give the parent materials for this purpose without information about what the school is working on and how; without information about whether this parent can become helpfully involved in a tutoring relationship with her child; without information about how this child learns?

We hope you will also develop today in your working committees a mechanism for on-going planning in the area of parent programs, so that this conference serves as more than a stimulating break in routine. We would like it to be only the first of many steps in an exciting, new endeavor.

AREA WORKING COMMITTEES

I Questions for Discussion

1. What organizations, programs and services are there for parents of handicapped children in your local region?
2. What is the relationship of parents and educators of handicapped children in your local region?
 - 2.1. Are parents included in school programs?
How?
 - 2.2. Do educators reach out to parents in home or community settings? How?
3. Is there room for improvement in the existing relationship of parents and educators of handicapped children in your local region?
In what areas or aspects?
4. What are the best ways to foster successful communication and a mutually supportive relationship between parents and educators?
5. Can the Regional Special Education Instructional Materials Center play in providing services for parents of handicapped children, and in strengthening the parent-educator team?

6. What role can the Associate Special Education Instructional Materials Center play in providing services for parents of handicapped children, and in strengthening the parent-educator team?

II Some Possible Strategies for ASEIMC's

1. Include parents on advisory and planning committees
2. Add to the center collection literature and materials particularly appropriate for parents of handicapped children
3. Provide (train or hire) a staff member who has expertise on materials for parents, and on how to communicate with parents. A parent of an older handicapped child may be particularly appropriate for this role
4. Supply information on diagnostic, educational and recreational resources to parents in need of initial services for their children
5. Offer in-service courses to mixed groups of educators and parents on understanding handicapped children; understanding the goals, methods and problems of the school; understanding the needs of handicapped children at home and in the community.
6. Offer workshops and demonstrations for parents to develop understanding of materials and programs used in special education programs

7. Provide consultation to teams of educators and parents to plan home-based programs for individual handicapped children.
8. Publish a newsletter designed to keep parents informed about developments relevant to handicapped children and their families

PLANS FOR WORKING WITH PARENTS OF HANDICAPPED CHILDREN:
SUMMARY OF AREA WORKING COMMITTEE REPORTS

Objectives

1. To make parents aware of the Special Education Instructional Materials Center (SEIMC).
2. To serve as an information resource for parents on programs and services available for handicapped children.
3. To reach the unaware or unsophisticated parent so that he recognizes and seeks help for his handicapped child. Particular effort should be made to reach the bi-lingual or non-English speaking parent.
4. To help find placements for pre-school handicapped children.
5. To establish closer contact with parent organizations and to keep them up to date about special education program developments.
6. To provide services to professionals who work with parents.
7. To help train parents about the part they can play in helping to educate their children.

8. To make pediatricians, neurologists and other medical specialists more knowledgeable and involved with special education so that appropriate educational referrals will be made.

Strategies

1. Form a parent advisory committee.
2. Participate in meetings of organizations for parents of handicapped children.
3. Identify and demonstrate materials appropriate to parent-training programs.
4. Develop a parent reference and borrowing library collection.
5. Disseminate printed information to parents about summer programs available to the handicapped in each region.
6. Provide speakers for special education parent organizations.
7. Set up workshops for parent groups. Special workshops should be set up for non-English speaking parents.
8. Set up combined parent-teacher workshops.

9. Use the SEIMC newsletter to make parents aware of resources and services available to them at the SEIMC.
10. Help develop new parent-directed materials.
11. Help make professionals in education aware of the important role which parents of the handicapped can play.

Possible Problems

1. Insufficient personnel to serve parents as well as educators of the handicapped.
2. Conflict between parents and teachers over the parent-as educator role.
3. Involving parents of Latin-American origin.

SUGGESTIONS FOR FURTHER ACTIVITIES OF THE REGIONAL SEIMC

1. Establish a permanent parent advisory committee to the Regional SEIMC.
2. Develop multi-media packets for parents. These should be made available in Spanish as well as English.
3. Conduct regional parent workshops which will give parents from different localities an opportunity to exchange ideas.
4. Prepare and disseminate lists of films and materials appropriate for parents of the handicapped.
5. Train ASEIMC staff or provide experts to conduct workshops and other activities at the associate SEIMCs..
6. Keep ASEIMCs informed about new developments relevant to working with parents of the handicapped.

PARENT INVOLVEMENT IN A PROGRAM FOR PRE-SCHOOL
MULTIPLY HANDICAPPED CHILDREN

Mrs. Berta Rafael	Mrs. Alvira McClenahan
Miss Elsie Thompson	Mrs. Helen Reddick
Mrs. Vivie Gammons	Mrs. Maxine Schwartz

Mrs. Rafael

It is perhaps significant for me to have been invited to be here as most of my working years have been spent in settings in which parents have played an important role. This role has been and always will be one of co-worker for the same cause. . the good of each child. It is not important whether parents were members of a cooperative school or members of a Head Start community. What is important is that they must be seen as givers and receivers, that a dialogue between parents and those who care for their child part of each day is established and maintained.

In the case of handicapped children, a greater specialized knowledge can be contributed by the teaching staff but at the same time more insights must be provided by the parent into special situations and problems.

Mrs. Rafael is Director, Early Education Demonstration Project, United Cerebral Palsy of New York City.
Miss Thompson is Parent Education Coordinator for this program.
Mrs. Gammons, Mrs. McClenahan, Mrs. Reddick, and Mrs. Schwartz are parents of handicapped children in this program.

Our parent participation program at United Cerebral Palsy of New York City is based on the belief that the pre-school program. . . as all the other services provided. . . is an addition to the home. We can make an impact only if we are co-workers, partners with parents.

Parents, teachers and all those who work with the child in our agency work together to share their knowledge about the child, their concern for the child, and their joy in the child.

At the demonstration pre-school center at United Cerebral Palsy we have developed a systematic program for parent involvement. There are two parts to this program: The regular participation program in the center; the summer family conference

The regular participation program involves the following.

1. Orientation to the center and its philosophy.
This orientation is given by the director when the family first visits the pre-school program.
2. A home visit.
3. A once-a-month visit to the center by each parent.
We call this a guided observation and prepare for it by filling out a form on which we write what we want to tell the parent; what we want to ask

the parent; and what we want the parent to observe. One of the non-teaching staff members is responsible for the visiting parent(s). With the form at hand the visiting parents and the staff member observe the child in the classroom from the observation booth and discuss what is happening in the education of this child. Following the guided observation the child's teacher and any other staff members who have special contact with the child may meet with the parent(s). This may be the physical therapist, speech therapist, psychiatrist, or psychologist. The director usually has a period of time with the parent(s) at this time.

4. Prior to the guided observation a decision is made by the staff about whether the parents should move from the observation room to the classroom for the part of the school day. If a child is comfortable about having his parent in the room and if the staff thinks the parent is comfortable in the role of teacher assistant, this becomes a beautiful experience for all. It usually takes a while for parents, children and teachers to adjust to

this new kind of role. At its best this is the time when a child can "have his cake and eat it" . . meaning that he has the joys of school and the joys of having Mommy at the same time. At its worst the parent becomes critical of the child or the child is unwilling to share his parent with the other children, even in a marginal way. At the end of a school year we often have parents who can work not only with their own child but with others as well.

Let me talk a little more about the home visit which we try to make prior to the child's entrance into the program. This year we did not have as many home conferences as we had planned but are quite important for the family, the child and the teacher.

The main intent of the visit is to establish trust for the teacher in the family and particularly in the child and his mother. We are very much aware of the fact that it is difficult for the mother to trust her child to a comparative stranger whom she has not seen relate to her child. It is equally hard for a child to leave home for several hours on a bus not knowing the person who awaits him at the end of the bus ride. A teacher's home visit is designed to bridge that gap and establish rapport between all concerned. For the teacher it becomes a guide to the child's

home situation, and help establish common references between teacher and child.

There are additional facets to our parent involvement activities. One is an on-going parent discussion group led by our social workers. We have two such groups at the moment, one for English-speaking parents and one for Spanish-speaking parents. Parents can be reimbursed, if participation at meetings depends upon transportation and baby sitting expenses being made available.

Another facet is a series of meetings in which specialists speak to large groups of parents in the evening on topics which we think might be relevant or that are requested by parents. Such topics have included: THE NATURE OF CEREBRAL PALSY; HOW CAN A PARENT OR FAMILY CONTRIBUTE TO A CHILD'S SPEECH DEVELOPMENT AT HOME?; CLASSROOM MATERIALS USED IN AIDING THE CHILD'S DEVELOPMENT.

Our agency sees the act of providing transportation to and from such meetings as an obligation under the present circumstances and therefore our buses are available to pick up and return parents for such meetings.

Mrs. Gammons

The observation sessions were most important to me. If you are a mother of a handicapped child, you know that the child has to go to school and learn to get along in the community. In the

beginning most parents tend to over-protect their children. I don't think they should be protected. I care for Kimberly as a normal child, thinking of her as I would think of any normal child. The idea is to make her as independent and self-sufficient as possible. The school helps. The children learn to dress and feed themselves and to speak and communicate. Indeed, this is the most important thing. We started talking to Kimberly as if she were an older child. We have learned to talk to her as a child. I am looking forward to Kimberly going on to regular school. She can't only stay with people like herself. To one day go out and get a job she has to know how to go about communicating with others. She has to learn for herself and the school teaches them all these things. It is a great help for the parent that does not understand how to do a good job.

The words that my three-year old daughter uses are unbelievable. She's very independent. If she falls I let her pick herself up and pick her crutches up and start on her own. At three years of age, she knows what is expected of her. She is not allowed to climb on furniture and throw food all over the place. She's expected to follow the same rules [as other children] because mentally there is nothing wrong with her. The world outside is not going to cater to her. I don't want my daughter to pity herself.

Mrs. Rafael

Mrs. Gammons has been a strong model to other parents. She has given them strength in being a little bit more demanding in helping their children to be more independent.

Mrs. McClenahan

My husband and I are very pleased with the home visits and the ideas about how to manage our baby. We think it is a marvelous program. We have been taught how to get the baby to sit, eat and be toilet trained. We have a close working relationship with everyone there.

Miss Thompson

For the past two years, the most outstanding part of the parent involvement program at United Cerebral Palsy of New York City has been the five-day Summer Family Conference held at Monmouth College in West Long Branch, New Jersey. The primary objective of the Conference was to provide an intensive period of parent education and counseling services to families who are hard to reach because of the many difficulties encountered in living in a large city. The Conference also provided an opportunity for parents to meet with other parents and share their experiences in coping with the day-to-day problems of having a handicapped child, as well as an opportunity to speak with experts in the field of cerebral palsy about their child. For staff, it was

a unique opportunity to meet and interact with the families in an informal and relaxed setting.

The conference was open to the families of all pre-school children enrolled in the Developmental Training Programs of the agency in the boroughs of Manhattan, Brooklyn, Staten Island and the Bronx. Lodging, meals and transportation were provided at no charge to the families.

All children, handicapped and non-handicapped (including staff's children), participated in a day camp program each day from 9:30 a.m. to 4:00 p.m. The camp program was planned and supervised by our teaching and recreation staff. Parents were then free to attend demonstrations in the mornings and borough group discussions in the afternoon. Entertainment such as movies, a talent show by the children and cook-outs were planned in the evenings. Babysitters were available each evening from 7:30 to 11:00 so that parents could get together with other parents or meet with various staff members for consultation.

In addition to the four borough discussion groups, there was a fifth group consisting of nine Spanish-speaking families attending the conference. Although some families were bi-lingual,

many spoke little or no English. It was our feeling that these nine families would be more comfortable and better able to express themselves in Spanish. The social worker leading the group, with assistance from a Spanish-speaking case aide, reported that she had very little difficulty understanding the group and that the sessions were successful and the parents most responsive.

Two evening sessions were held with the brothers and sisters of the handicapped children, dealing with feelings and reactions to having a handicapped sibling.

The total cost of the program was \$15,000. It was funded as a new and innovative way to reach parents. For the most part, we feel that we accomplished our objective. The response from the parents the second year was overwhelming. Many parents now have a better understanding of their child's handicap and how to deal with their own feelings about it. Much more could be said about Monmouth and at this point I will ask Mrs. Schwartz and Mrs. Reddick to say a few words about their personal experience there.

Mrs. Reddick

I have two handicapped children. One is eleven and my son is six years old. I am very glad that I went to the conference.

It helped with my husband. At that time he hadn't accepted our handicapped children or any handicapped children. At the conference we talked to other parents and we came out much happier.

Valerie went to the center since she was 3-1/2 years old. Now she is walking and going to a public school. My son has cerebral palsy and has seizures. He is now trained and walking and talking.

Mrs. Schwartz

My son is five years old and has spastic cerebral palsy. He just started in day camp. I forced my husband to take the time off to go to the Summer Family Conference because we were having difficulty in accepting our child and we were afraid that it would affect him emotionally. I found out in those five days that these people are very special. They are paid, but they help the children because they want to. Their acceptance of our child made us accept him, too. We don't know about his future. He is mentally retarded. He has a long road ahead.

At the demonstration it was explained that there is hope for these children. There are facilities for them to live in and sheltered workshops for them to work in.

We are in a therapy group for parents. With the aid of the social worker and the psychologist we are learning to face our feelings. We were anxious to have another child, and they helped us. As you can see, I am due in June. The Cerebral Palsy Center is always there, and I'm very grateful.

PARENTS: PARTICIPANTS AND CO-EDUCATORS
Mrs. Judith Bloch

Parents of all kinds, and with all kinds of children, are beginning to have more to say about what the professionals are doing, for and to their children. This is as it should be, because the parents have the most at stake. Since the child's critical intellectual development takes place before he has reached school age and recent research indicates possibly before eighteen months, the first and, therefore we now know, the most significant educators are the parents. In fact the child's functioning at age four is in all likelihood the best indicator of things to come, the most reliable prognostication of intellectual functioning at a later date.

While the professional has the advantage of training and experience with many children with a particular kind of pathology, the parent brings an in-depth and expert knowledge of his own child's unique way of functioning. Parents also carry the long term, ongoing, continuous responsibility for their child. For this reason they need to be as well informed and as well equipped as possible to deal with his potential and his performance.

For this reason alone the parents, particularly mothers who are

Mrs. Bloch is Director of the Pre-Schooler's Workshop,
Garden City, Long Island, New York

usually responsible for the day-to-day activities of their children, need to become familiar with the attitudes and skills that will help their children most fully develop their own potential. If all parents benefit from further clarification of these concepts then certainly the parents of the handicapped benefit even more significantly. One can assume that a handicapped child is more likely, because of his handicap, to be more vulnerable. The child, labelled mentally ill, psychotic, or seriously disturbed needs as much special assistance, as early in his life, and for as extended a period of time as he is capable of utilizing. His own parents, his most natural allies and most motivated advocates, should be mobilized and enlisted in his struggle for health.

The record of the professional community with regard to the mentally ill child is not praiseworthy. In general, there has been a lack of medical agreement, and professional sophistication about diagnosis, and little sensitivity for the task of dealing with parents in crises as they struggle with the label "parents of the handicapped;" first at the time of diagnosis and identification of problem, and later as they search for suitable educational and therapeutic programs.

Because we work with the very young child at Pre-Schooler's Workshop, we have always worked with their mothers. In the almost six years since the school's inception there have been a variety of modalities of working with parents, some of which I will describe.

Mothers Groups

Mothers groups are subject focused and child centered. Mothers are not assumed to be responsible for their child's pathology. When parents do have personal problems it is not automatically "understood" that this has a direct bearing on the functioning of their children or that this problem has in fact resulted in their child's condition.

On the other hand, all children are affected by their environments. Disturbed children are even more vulnerable, because they have fewer resources and defenses. Therefore their parents carry a greater burden. They must be more perceptive, more sensitive, and make fewer mistakes in child rearing than do parents of children without special problems.

In the subject focused group, the professional leader is responsible for current informed content and guidelines about problems that characterize the child with pathology at various steps in his development. Typically a session (of one-and-a-half to two hours with approximately ten mothers present)

begins with a half hour presentation by the leader. The subsequent course of the meeting is respondent to the group's interest and inclination.

In this kind of group the professional group leader does not confront or challenge parent participants with their anger or disappointment, although parents are given ample opportunity to express these feelings if they choose to do so. All parents experience these feelings towards their children at some time. It is reasonable to assume that this is equally true of the parent of the disturbed child. In all likelihood this parent's feelings are even more intense, because the problems and provocations are more difficult. Anxious, frightened parents are only further disabled by questions and professional attitudes that make them more guilty and uncertain.

In our experience at the school there have been favorite subjects, selected by parents. The director prepares material on each special subject which summarizes the school's philosophy and approach. It is this expertise that comes from extensive experience with many children that is useful to parents. The topic is then discussed and related to by the participating parents in the light of their own experiences with their own children. Parents of handicapped children need each other for support and the special wisdom and understanding that develops

from a common experience. Frequently a mother who has experienced and resolved a typical and difficult problem is most helpful to other mothers still struggling with that same problem.

Some of the favorite topics over the years have been:

- 1) Etiology of childhood schizophrenia and infantile autism, and the various schools of thought in dealing with this pathology. A bibliography is recommended along with information about parent groups such as the National Society for Autistic Children and the Association for Children with Learning Disabilities.
- 2) Dealing with basic routines of sleeping and eating before the child is five years old.
- 3) Toilet training; when and how.
- 4) Discipline; dealing with temper tantrums and aggression.
- 5) Fostering language in school and at home.
- 6) Becoming part of a family; the rights of parents and siblings.

The topic for discussion is flexible. One subject may extend itself to a number of sessions. If food and diet is presenting some parents with special problems, that subgroup of parents meets again for additional sessions and a workshop with the leader during which the group may be joined by the teacher who tells of her classroom orientation to this problem. The parent group might also observe a class during juice or lunch time.

Open Honest Communication

Teachers write three anecdotal reports a year and complete an assessment form in September and again in June. Copies of these reports are mailed to the parents and are the basis of conferences with teachers and clinicians. A written report is deliberately shared in order to give the parent an opportunity to study it carefully at his leisure and keep it as a permanent objective record of assessment and functioning. The more typical verbal report (rendered by a school) was found to be inadequate; the parent often too anxious to hear, much less absorb the professional presentation.

Home Study Program

Professionals have underestimated the capacity and willingness of parents to acquire the skills and attitudes that will help their children learn. At our school the parents of several

autistic children have cooperated with the professional staff and developed and designed individualized programs for their children; implemented in the classroom and again at home. This procedure compels parents and staff to clearly conceptualize; first to assess current functioning; then to focus on the behavior to be acquired and arrive at agreement about priorities. Parents keep records of their child's progress, re-evaluate and re-program periodically in cooperation with the staff. When necessary a staff person serves as a model that the parent observes. With this procedure it is more likely that the child's newly acquired skills are generalized and transferred from home to school (or the reverse). Participating parents have the satisfaction of successfully facilitating their child's achievements. (Appended is the Home Study Program Form.)

Parents as Teacher Aides

Another kind of coalition between staff and professional is being explored; one in which the parent acts as a teacher aide. Typically, the teacher and her aide are assisted by a volunteer. In this instance a parent is the volunteer. Her own child is not in the same class in which she assists. This parent was "orientated" at the Mothers Group Meeting and at individual meetings. She was given selected readings and instruction sheets prepared for all students and volunteers. She works under the

teacher's direct supervision. This approach has the obvious advantage of permitting a parent to observe an expert, and use her as a model. At the same time she gains experience with other children with whom she is not emotionally invested.

In our trial with this approach the parent selected is young. Her first and only child has a diagnosis of infantile autism. She is an inexperienced mother with a child who has a serious disorder. She is highly motivated and aware of the important part she can play in helping her child because she understands he will not strive to function on a higher level without special help.

Periodic review of the usefulness of this approach is built-in through evaluation sessions with both the social worker and the director.

Discussion and Conclusions

Human behavior is too complicated for professionals to reasonably expect to find any one procedure or formula (be it psycho-therapy or home-study) that will be useful to all parents of young disturbed children. We should be neither simplistic nor rigid, in our search for solutions. This paper has described three modalities; the subject focused group (large and small), the home-study program, and the parent as a teacher's aide. Each approach is

directed at enlisting the parent's assistance in the education of their own child, and strengthening the mother's skill and ability to facilitate her child's growth and learning.

PRE-SCHOOLER'S WORKSHOP

HOME STUDY PROGRAM

Child's Name _____ Birthdate _____

Teacher's Name _____ Therapist's Name _____

Date of Planning Conference _____ Present at Conference _____

Date of Parent Conference _____ Present at Conference _____

GENERAL INSTRUCTIONS:

The following home study program developed by the teaching and clinical staff, in cooperation with the family, is to be implemented and followed up on a regular basis at home. It is understood that a family member will participate in the education of their child by following the outlined program. A regular and predictable time and place should be put aside for this work, when the child is not too tired or hungry and when the parent is relaxed and not likely to be interrupted.

The initial expectations from the child should be minimal; progress is usually slow and comes in small increments. Little if any progress will be evident in the first month. The activity itself should be of interest and pleasure to the child. In general, the parent should entice the child to participate, and if unsuccessful, persist. Stubborn resistance to the program should be discussed with the therapist.

OTHER GUIDELINES:

The home participant is to log and keep a daily record of activities and call and discuss progress with the school therapist regularly.

HOME STUDY OUTLINE:

What to do and how to do it:

When to do and for how long:

Where to do:

Who to do

Pre-Schooler's Workshop
 30 Old Country Road
 Garden City, N.Y. 11530
 Telephone (516) 741-0117

Memo to Students and Volunteers

The volunteer who works with disturbed children accepts the responsibility of dealing with children who are very different and very difficult. It takes many people, many hours to achieve limited objectives. Remember that these children while not retarded, function as if they were. They often act like children half their age.

Ultimately the goal is helping the child to perceive the real world and deal with it more effectively. Here are some guidelines:

Please Do

1. Pick up and put away toys. This creates much needed order in the room. It may seem trivial but an ordered, predictable world does help the children. Clutter is confusing.
2. Set a good example. Children learn by imitating. Therefore do not sit on tables, etc. Use all materials appropriately.
3. Sit down at the table, or at least on a chair in the room. Try to work on the child's level.
4. Try for eye contact - but don't expect it. Work along side the child. Watch carefully to see what his interests are, if none - tempt him with soap bubbles, balloons, musical or mechanical toys.
5. Verbalize for the child - describe what he is doing, "You are hanging up your coat."
6. Make the here and now real and clear. Talk about the ongoing activity in short sentences.
7. Do encourage child (but do not force) to help put away. Always try to put away before starting new activity.
8. Do hear the child; especially if he uses language. Always respond - to at least let him know you hear him, you understand him - it pays to talk.

Memo to Students and Volunteers

Page Two

9. Rely on your instincts, but when in doubt ask. Use the teacher's class information sheet for specifics on each child since there is an individual approach for each one.
10. Do let us know if you cannot come on your regular day. We count on you and need you.
11. Do arrive promptly at 9:15 AM. We need you then to help escort children from the bus to the classroom. We need you until school ends to help see children on the buses again.
12. Ask friends and neighbors for outgrown or discarded pre-school equipment and toys. The children do need sturdy wooden educational puzzles, etc. They always like musical or mechanical toys.
13. Do wear comfortable, old clothes as they may get soiled, or wear a smock.

Please Do Not

1. Reinforce the child's pathology by talking about him as though he was a thing. Children understand what is said and often even what is unsaid. Don't talk about them when they are around. A good time for questions is when you're helping the teacher clean up after the children are dismissed.
2. Socialize with other adults while you are working. Talk is distracting to both teachers and children.

An informed staff helps to keep our professional level high. It is recommended that you read some of the books from the school bibliography. (If you do not have this - see Hilda for a copy.) The literature will raise more questions than it answers, but it will help you understand the depth and range of the problems we face.

VOLUNTEER READING TUTOR TRAINING PROGRAM: TRADE-A-CHILD

Mr. Abraham Haklay

The Trade-A-Child tutor training program of the Psycho-Educational Division of Coney Island Hospital has been developed in response to needs expressed by the parents and schools of the community. The hospital and the schools agree that academic failure is a major contributor to mental health problems among children. Any efforts to relieve this failure serve at the same time to minimize mental health problems.

There exists a huge reservoir of volunteers who with proper orientation, training and support can tutor many of the children with the most difficult learning problems; they may thus help a child directly and at the same time provide indirect relief to the classroom teacher and the other children in the classroom. Five years of experience in training and working with volunteer tutors at the hospital have convinced us that volunteers can do extremely effective work.

During the past two years, over 600 volunteers have been trained at Coney Island Hospital. In addition, the hospital has trained paid educational assistants, employed in the public schools of

Mr. Haklay is the Senior Learning Disabilities Therapist, Psycho-Educational Division, Coney Island Hospital, Brooklyn, New York.

the local school districts. Volunteers come from more than 75 public and parochial schools and community and mental health agencies interested in establishing similar programs.

On the basis of our experience with para-professionals, we contacted Parent Associations asking if they had members interested in working with us. About 50 parents came to us this way. We trained them. At present we are training 200 parents, the most we can accommodate. Many of those who volunteer have children with learning difficulties, and their interest stems in part from a desire to better understand and help their own children.

We found that the majority of the children we work with, while they are in regular classes, are functional retarded or borderline with learning disabilities.

In the Trade-A-Child parent volunteer program parents do not tutor their own children. Patience is very important in this work and many parents don't have patience with their own children in such a situation. They do better with other children, and gain insight in the process which they can use in relating to their own children.

Training programs have been held twice a year, in the fall and in the spring. Announcements are sent to the principals and parent associations informing them of the program, and offering

them our cooperation in training volunteers. The Psycho-Education Division does not take the responsibility of administering and maintaining the program in the schools; this is the principal's province. The focus of the hospital's training program is on problems relating to the remediation and to the mental health of the child.

Volunteers initially receive training in five one-and-a-half hour weekly sessions. The training is given by Dr. Lillie Pope, Director of the Psycho-Education Division, and by Deborah Edel and myself, Senior Learning Disabilities Therapists. During these sessions the discussions deal with such topics as child development, how children learn, the concept of multiple readiness, the nature of the reading process, how to evaluate a child's reading skills, methods of teaching reading, and how to deal with common reading problems. Time is devoted to acting-out problem situations.

Each tutor receives a tutor's kit containing basic useful materials with which he can begin work and which he can refer to and use at any stage of his tutoring.

Following the initial five week training period, monthly meetings are held at which time tutors raise problems they have encountered, share solutions and take part in discussions of questions touched

on earlier, but requiring review in the light of their experiences. These sessions are also very important as a shot in the arm at a time when many tutors have become discouraged by the slow pace their pupils may be making.

During the initial training period, a meeting is held with a liaison person from each school who has been assigned by the principals to coordinate the program, assign rooms for tutoring, match tutors and pupils, and deal with the day-to-day problems of administering such a program. At this meeting the nature and content of the volunteer training is discussed and suggestions are made as to how such a program may be most effective in assisting the school in its work without becoming a burden. The liaison person, usually a corrective reading teacher or guidance counselor, is invited to communicate with the Psycho-Educational Division should any problems develop.

Based on our experience we find that the following are essential to a genuinely effective volunteer reading tutoring program:

1. Children should be tutored individually. The one-to-one relationship with a concerned adult is priceless, and in such a setting even the most difficult child can respond.
2. Tutoring should take place at least twice a week, not on consecutive days. The effect of tutoring which takes place less often than twice a week is usually dissipated. Sessions should not last more than one hour.

3. Children may be tutored anywhere in the school except in the back of their own classroom. Such an arrangement is distracting to the child, the tutor, the teacher, and the other children; furthermore, it is embarrassing to the child, tending often to subject him to ridicule.
4. Tutors should not tutor their own children or playmates of their children. An essential for tutoring a child with learning problems is infinite patience. Very few parents have such patience with their own children, although they may have it with someone else's child. Tutoring the friend of one's own child often causes complications.
5. Tutors must maintain absolute confidentiality in regard to their students and not discuss them with family, friends or the child's parents. If, in the course of working with a child, very distressing personal or familial problems are revealed, the tutor should not attempt to act as a social worker, but should bring the problem to the attention of the appropriate person in the school.
6. Tutors should maintain simple records indicating what they did at each session. This is important because everyone tends to forget, and because the written notes allow the tutor to review and evaluate what has taken place when difficulties arise.

7. Tutors should start to meet with their students as soon as possible after the second week of training. We have found that the training has far more meaning to the tutor when he is actually attempting to apply what he is learning in a real situation.
8. It is hoped that the tutor will shortly be urged to begin teaching a second child. A major effort on the tutor's part is called for in getting organized to leave the house to come to the school twice a week. Once at the school, little additional effort is required to meet with a second child after finishing with the first. In addition, the skills and understanding of the tutor are more than doubly enhanced by tutoring a second child.
9. Tutors must have a basic kit of materials when they begin to tutor. Although there is a great deal of material somewhere in the school, it is generally not easily accessible at first. Once the tutor has received from the training an idea of what he is doing, he is able to select and adapt material to his student's needs.

The Tutor's Kit in use at Coney Island Hospital is composed of the following:

- A. Guidelines to Teaching Remedial Reading to the Disadvantaged
by Lillie Pope, (Book-Lab, Inc. Brooklyn, N.Y., 1967)
Introduction and orientation to the tutorial situation;
specific techniques and procedures for teaching reading
presented simply; word lists are included.
- B. Tutor's Sampler, Activities and Material to Accompany
A Reading Tutorial Training Program
by Lillie Pope, Abraham Haklay and Deborah Edel (in press).
- C. Primer For Parents
by Paul McKee (Houghton-Mifflin Company, New York, 1966).
Excellent explanation of how a child learns to read,
including explanations of the different approaches,
and many of the problems children face in learning.

HOW TO FOR PARENTS: Behavior Management At Home
A Panel Presentation

Phyllis Susser, Chairman
Peter Sencevicky
Susan Ratich

The purpose of our meeting today is to suggest techniques which parents might use to modify both negative and positive behavior within the family setting. Although such a term as "managing behavior" sounds frighteningly impersonal and mechanistic, the fact is that it is very personal and individual -- personal and individual for the parent that uses it, and equally personal and individual for whatever member of the family is being helped to change. Neither the behavior to be changed nor the technique used to change it comes from any book. The only part that comes from a book is the way we keep track of what is happening.

Let me give you an example: A mother says, and the child agrees with her, "Mealtimes around this house are not as pleasant for the family as they should be. It's partly because Jimmy keeps leaving the table over and over again before we've finished eating. We would like to change that."

Mrs. Susser is Director of the Pathfinder School, New York Association for Brain Injured Schildren, Queens, New York.
Mr. Sencevicky is Principal of the Dennis O'Brien School, Dover, New Jersey.
Miss Susan Ratich is a graduate student at Yeshiva University, New York.

At this point we need to find out what we can use to bring about the desired change. We need to know what some of Jimmy's favorite treats are, so we can use one to help him change this behavior. So we ask the mother, or better still, Jimmy himself, what he'd like to have more of. Suppose it turns out to be -- as has actually happened -- cottage cheese! What book could have told you that?

So Jimmy and his mother agree that every time Jimmy stays at the table, he gets a cottage cheese credit -- which he may cash whenever he'd like a snack.

In order to find out how much cottage cheese Jimmy has earned, we must agree on the rules. We must define the size of the cottage cheese credit -- a tablespoonful? A cupful? We must define also the behavior that wins a credit; we must pinpoint it in precise terms so both Jimmy and his mother can agree that it has indeed occurred, and how often.

Now I want you to divide up into groups of three or four persons. For two minutes, each one of you should tell of a change in behavior you want in your home. Then I want the groups to report all the pinpoints you have thought of in that time.

Remember, a pinpoint is a specific behavior that can be counted. It has a beginning and an end that we can see and hear. And

while you're listing pinpoints also remember two more things:
 list behavior you want MORE of as well as those your family
 might want less of; and, don't forget yourself. List pinpoints
 of your own behaviors which you'd like to change (more or less)
 to make life at home easier and pleasanter for Jimmy, and
 probably for the whole family.

Pinpoints

Child

temper tantrums
 middle of night wake ups
 toilet training
 fear of thunder
 forgetfulness
 cries
 do it first time
 put off
 resistance
 smiles
 impatience
 nudity
 compulsive eating

Self

nagging
 more patience
 perfectionist
 put offs
 smiles
 compulsive eating

That's a very good list you have made. Most of the behaviors
 you've listed are true pinpoints. They're behaviors we can count.
 But a few tend to be LABELS. Doctors give us labels. We can
 count pinpoints. For example, "Exhibitionism" is a label. Nudity
 -- the child has taken off his clothes and is walking around with-
 out a stitch -- that's a pinpoint because we can count how often
 it happens in a day, or a week, or a month. How often a pinpoint
 happens within a specific period of time is very important. Six

nudities a day is probably something we should work hard with the child to change. Six a month, maybe not.

Your long list of behaviors that need changing shows that you are really thinking. But it reminds us to warn you that we must not let our awareness of all the changes we want in ourselves and others to tempt us into trying to accomplish too many at once.

Systematic change of behavior requires us to be consistent and objective, and that means concentrating on one behavior change at a time. Therefore we must establish priorities -- we must decide which behavior is the most important to change first. Again, that is a personal decision. Each family will have different needs and preferences: some families are very sensitive to noise, and a screaming tantrum makes everybody upset for hours or even days. Others are especially bothered by table behavior, and would gain most from increasing the number of family meals that can go by uninterrupted. The choice must be yours, the parents, in consultation with the child himself.

Let us suppose that you have chosen the table behavior to concentrate on first. The next step, since "table behavior" is too large for pinpoint counting, is to choose one aspect of table behavior which particularly bothers us. Also, it must have a beginning and an end we can define precisely enough to count.

Suppose we choose the specific aspect mentioned earlier of the child's leaving the table repeatedly before the meal is over. Then we must ask ourselves: "What do we mean by 'leaves the table' repeatedly?" We must be sure we set realistic and humane goals. If we define the beginning point of 'leaves the table' by his getting his rear end off the seat and out of his chair, and the end point by his getting back into his seat at the dining table, now we have something to count. Remember, behavior must have a defined beginning and end if it is to be counted.

Let us imagine that the first meal we make the count, Jimmy leaves the table, as defined, two or three times. And when we examine when he leaves the table, the times bunch up at the end of the mealtime. Do we discover that he mostly leaves the table after he has finished his meal? If so, perhaps we can excuse him from the table after he has finished, and let the rest of the family finish the meal together in peace. In this case, the counting has helped us to modify our parental behavior about table rules and taken unnecessary pressure off Jimmy to change.

In order to make sense of what's happening as we try to change behavior, we first need what is called a base line.

A base line is a count of the behavior before we do anything to change it. For example, without saying anything to Jimmy, or

behaving differently in ANY way, we count the number of times he leaves the table during a meal. It's good to do this for two or three meals to make sure you get a typical sample. Then, choose the change technique you're going to try: remember, the change technique should be chosen by, or with, Jimmy himself, something that turns Jimmy on; not all kids like ice cream, and many of them don't like it well enough to have it help them change their habits in order to get it. For example, maybe he'd like an extra five minutes of TV time for every five minutes he stays put during the meal.

Now keep track of what happens during the next few meals. If Jimmy is leaving the table less than before, keep on, for you have picked a change technique that's working. If he is not changing, if he is leaving the table as much as ever, then your chosen technique is not working and you and Jimmy need to find a more powerful reward.

It is important that you count very carefully. Keep track right then and there -- don't try to remember later how many times he left the table. You can just make a mark on a piece of paper, or use a knitting counter -- anything. Some people have found out that if Jimmy keeps track himself, maybe by making a mark on the back of his hand with a colored pen for each count, so he can SEE the record, the whole procedure works even better

than if the parents do the counting.

For the purpose of our illustration, let's imagine that Jimmy has improved a little in response to the counting and this particular reward, but not enough to satisfy the family's needs for a quiet mealtime. We want to speed up the change. Suppose then we shift to five more minutes of TV watching AFTER his regular bedtime for each uninterrupted five minutes at table. And let's suppose that this works very well.

If, after we have continued in this way for a while, we may feel that Jimmy is building up so many post-bedtime TV credits that he may not be getting quite as much sleep as he needs. Then we can lower the payrate. We can change it to five minutes for every ten minutes he stays in his seat, and that may work just as well.

Obviously, the above figures are a simple example, and nothing is to be taken as a rigid rule. Every family must find its own techniques, and its own modifications of those techniques. The only rigid rule is to observe carefully and to count carefully.

Observing and counting are often valuable in themselves, for they free us from the sorts of emotions that get in our way all too frequently.

What I am suggesting, of course, is that defining an action's beginning and end, and counting it, as it takes place within a

particular amount of time, permits us to look at it. Looking at it in this objective way may convince us it is really not so bad as it FELT before we counted it. I do not pretend that this will always, or even often, be the case -- but it will be the case sometimes.

I can promise you that on a day you have a headache, or you have had a quarrel with your husband or wife, you'll be convinced that Jimmy is having a bad day. But after you COUNT, you may be able to discover YOU're having a bad day. That's OK. We all have our bad days. But it's important that we not shift the blame to Jimmy. He's got his own troubles, and counting will help us not to confuse Jimmy's problems with our own problems.

So, in summary, here's the way Behavior Management works:

- a) Your family selects a behavior it wants to change, in Jimmy or some other member of the family. It can pick something good it wants more of, or something bad it wants less: more smiles, or less screams -- something with a beginning and an end; something we can count.
- b) You and Jimmy pick a change technique -- one that works for him. What is meaningful enough to him, or to you, to really get that change ONLY you or he will know.

- c) Count the behavior for a specified period of time before you begin to use the change technique, in order to get a base line. Only if you have a base line count with which to compare later counts can you tell if your change technique is working.
- d) Apply the change technique chosen, and count again for a while.
- e) Is the behavior changing fast enough? If not, choose a new change technique, and then count again.

Dealing with behavior objectively may reward us with gains for the family that go far beyond the specific behaviors we have successfully changed. The very process of defining the behavior in order to count it can be a way of opening up family communication lines so that our feelings are more easily shared about many things.

Along these lines, too often we have been given vague advice -- "love him more;" "don't make him anxious;" "don't spoil him." But this sort of vague advice doesn't tell us WHAT to do -- and just makes us worry more. The techniques described here, based on family needs and the child's preferences, permit us to take one simple step after another in a sensible series of actions.

Defining and counting are specific, organized things that we can do together to improve the environment in which Jimmy lives because the total family is the most important environment he has. They lead to changing your child into more of the person both you and he wants him to be.

LANGUAGE - THE TOOL FOR LEARNING

Shulamith Kastein

Language is usually considered to be only a means of expressing one's feelings and thoughts. "Say it," "Tell me," "Listen" are commands the young child is confronted with early and persistently. Rarely do we stop to find out whether he can listen; and if he can, whether he can hear; and if he can do that whether he can understand what he hears. And if he can do all this -- can he tell; can he find the word he needs; can he articulate it?

We have through the past years cut apart children in every way. We have first divided them into groups according to labels -- the mentally retarded, the cerebral palsied, the emotionally ill, the brain-injured and the learning disabled. We then went further and considered intellect, emotion and perception but we have failed to put the child together again. We must now look at the total child and grasp the entire spectrum of functions, dysfunctions and compensatory mechanisms.

Another aspect of communication is usually overlooked: communication with the self, i.e., the use of speech the young child needs to control himself. He will have to acquire words to de-

Mrs. Kastein is a speech and language consultant in New York City.

velop some knowledge of the world around him, to hold on to vanishing people and objects by naming them. Words will help him develop cognition: the ability to think about the expanding reality; words will help him differentiate it and manipulate it.

It is not only the action but also the interaction of sensory-motor functions, their mutual interchange and the dependence on the one or the other sensory pathway -- visual, auditory or tactile -- which determines how a child learns.

The acquisition of language, i.e., the ability to comprehend and use symbols -- auditory, visual and kinesthetic -- is both the result as well as the basis of the development of personality and intellect. The degree to which the child can develop language will determine the degree of normalcy he can achieve -- the degree to which he can develop his personality and his intellect.

Early recognition and treatment of language disorders is therefore of utmost importance. A program of special education is only special as long as it is geared to take the child's language dysfunctions as the basis for its curriculum and as long as language training is an integral part of this curriculum.

MATERIALS THAT INVOLVE PARENTS

John Bancroft

There would not be enough time in a week to show all of the materials which are available for parental involvement from the SEIMC network. Therefore, this morning I have brought to you a few ideas and items which are available through the Norwich ASEIMC. Hopefully, the use of materials from the Associate SEIMC centers can assist all those who are involved in helping the special education student. These should be used by parents as well as educators.

Many materials today are presented in such a manner that it does not take a degree in education to use them effectively. A sincere interest in helping someone is necessary. Take for instance the Peabody Language Kit. It consists of a manual which has 180 prepared lessons, and the material necessary to present the program. Included are all sorts of learning games. This kit involves the student in a happy learning situation and can be presented in a classroom by an interested parent with minimal preparation, or can be used at home.

Mr. Bancroft is a training specialist in parent education at the Associate Special Education Instructional Materials Center, Chenango, New York.

Each school district is unique, and each special education classroom is similarly unique. Some might be very structured; some might be relatively unstructured; some might use one reading technique and others might use a various number of reading techniques. Some teachers may feel an infringement on his classroom if a parent asks to assist or participate; others will consider it a godsend.

But before a parent can become involved in a special classroom, there has to be a rapport between teacher and parent. It is hard to say who is responsible for taking the initiative to start this, but once the step has been taken, it does open a whole new perspective in the learning situation.

As teachers, we have to remember that the parents want to hear from people working with their children in order to find out how they are doing in class. The teacher should first of all establish a common ground with the parent and make sure he doesn't act condescending, so that a productive relationship evolves.

As I mentioned before, each classroom situation will be different. I've had an extremely difficult time involving most of the parents of the children in my classroom in what I am doing and what their children are doing in school. I have found that most of my parents have had bad experiences with the school system, are afraid

of it, and do not know how to handle it. Therefore, in my class, I have used indirect means to procure their involvement in the classroom through their children. One boy's father is a junk car dealer and I asked him if we could have one of his engines for us to clean up and paint as a demonstration model for the class. Shortly thereafter, a '56 Chevy engine was dropped off. The father has been in regularly to see the work that has been done on the engine. Another parent became involved because her son mentioned that his Mom cooked the best doughnuts. I wrote home and asked her what ingredients she suggested to prepare about three dozen doughnuts. It was something she did well, so she came in and demonstrated making them to the class, and we all benefited from it. I am now working on having one parent come in our room and give a talk on how to train bird dogs.

A recent project of mine was with a regular fifth grade class. It was the making of a super 8 MM color movie. One of the scenes involved going to one of my student's home to have him saddle and ride a horse. The mother was extremely happy to see her son getting along well with others, as she had never seen him do it before.

There are many programs in which a parent can record his voice on a cassette tape to assist the teacher in the class. On one series of tapes, a mother read the entire Book A for me. This enabled me

to have a non-reading student work with the tape recorder for one lesson each day, giving me more time to spend with others.

When ASEIMC workshops are held, I believe parents should be invited so that they can learn what is new in the area of special education. If they better understand what is going on in the classroom, they can better assist the child at home.

The Distar Reading Program is a relatively new system produced by Science Research Associates. This approach uses games as well as visual and auditory stimuli for learning. As a reward for each lesson well done, there is a "Take Home" given out. Here is a chance for the parent to use these "Take Homes" as a reinforcement exercise at home.

Many times it is hard to evaluate each student's individual performance. The Y.E.M.R. Performance Profile is designed to identify performance levels of the pupil in a wide variety of the daily tasks of the curriculum. The Profile graphically indicates the level of personal development which has been obtained. It also serves to point out to the teacher those areas and levels where the child is deficient and those where he shows readiness for new learning. The Performance Profile is of great value in parent/teacher conferences. The teacher can present specific items, topics,

and areas for discussion rather than generalizations. Since the activities evaluated can also be developed at home, the needs of the child, as reflected by the Profile, form a basis for cooperation between school and home.

I have brought along a few books which pay particular attention to teacher-parent situations dealing with the handicapped. For instance, many questions usually arise about the topics of Sex Education. Sol Gordon's Facts About Sex is an outstanding book for explaining these facts to your students and children. Also, he has published a comic book sequel to this which informs children of ten of the most asked questions about sex. This costs \$5.00 a copy and the reading level is about 3-4 grade level. (It can be purchased from the Family Planning and Population Information Center, 760 Ostrom Avenue, Syracuse, New York 13210).

A good project for a special education class which involves parents' assistance might be a collection of bottles, aluminum cans, or papers in the neighborhood. I also have with me a few kits that I will show you that are designed for parents' use as well as teacher use. The first is a cassette and slide production by Childhood Resources -- "What Learning Disabilities Are." The next is a slide and cassette production of "How To Take A Field Trip" including suggestions for using parents. Here is one on

inexpensive playground equipment. These kits can be taken home or used at school and to inform a parent as to what can be done in certain areas.

EDUCATIONAL MATERIALS IN THE HOME

Judy Schmidt

Parents are often concerned about the future school success of their young children, especially if the child has any sort of disability. They want very much to help him succeed. They sometimes feel that they must buy him expensive equipment and give him special academic training to assist his readiness for school. This is not necessary, for most preparations for school success may be carried out very well within the ordinary daily life of the home.

There are two main kinds of preparation for school which the family setting may supply. The first is what the family can do about the child's feelings about himself in relation to others; the second is practice in basic skills.

The child's need to be secure about his place within the family is familiar to everyone. We all remember our childhood feelings: our need to feel that we are valued family members, with an important -- no matter how small -- contribution to make to the quality of life at home together. The confidence which comes from knowing we are valued, and from knowing that we are making

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those contributions gives us the conviction that our efforts will lead to success, a feeling which is essential to good progress in work at school.

In order for this confidence in himself to be soundly based, the child must be allowed to do those household tasks that he can do well. We must carefully choose the jobs which are neither too long nor too difficult for him. For when he succeeds in performing them well, not only is his image of himself as a competent person enhanced, but also his desire to go on to more tasks is increased. And by this repetitive practice his basic skills develop.

To choose the appropriate jobs for the child, it is necessary to make a "task analysis." This sounds forbidding, but parents as well as teachers may easily learn to do it. All a "task analysis" requires is that we look at the many little steps that go into doing something instead of just thinking of the job as a whole. Then, when we have thought the steps through, bit by bit, patiently matching each part of the necessary process with the capabilities and interests of the child, we share the task with him on the basis of a careful division of labor. We allow the child to do those parts he can do well, while the parent does the parts that are too tiring or difficult.

For example, in cleaning up, the parent may hold the dustpan steady and flat on the floor -- a difficult and not interesting task -- while the child may use the brush to do the sweeping into the dustpan. This sweeping is active and interesting: it has high "payoff," for the child may immediately see the progress he makes as the particles move toward and into the pan. It does not require the boring and muscularly taxing "holding still" which makes the dustpan part of the task so difficult for children.

Another aspect of this task analysis is to choose a proper sequence of tools to practice with. Let me show you the great difference in levels of difficulty between a meat baster and an eyedropper. As you know, they are basically the same implement - a tube for holding liquid and a bulb at its end which creates the vacuum to draw the liquid into the tube. But the meat baster is much bigger and is used to squirt liquid into the large area of a roasting pan. An eye dropper is small and fragile. It requires careful handling, and one typically aims it at a very small target. A careless thinker who does not know children might at first match size to size, and find the tiny dropper in scale to the little child. But we realize from our experience with children that the better order of learning would have the child using first the larger, easier object, and, as he gains mastery

and confidence with it, later moving on to the miniaturized implement which requires more skill. Toaster tongs and tweezers are another example of the same sequencing of tools.

Sorting presents another such "ladder" of exercises. If first the child can sort the laundry into pants/shirts/socks, etc., where he is handling large, soft, easy to grasp items, later he can sort smaller ones; buttons by color; nuts from bolts, etc.

In order to create conditions which will increase the child's confidence of success, the parent should include the child in his or her work only when there is sufficient time available. If the parent is under pressure to complete a task, then the child working along with him will feel that pressure, too.

Dr. Maria Montessori, that great and influential teacher and physician -- who came to be famous because she was able to bring children with grave disabilities to learn more and perform better than many of the gifted and privileged -- tells us about this wonderfully:

"Little children accomplish slowly and perseveringly, various complicated operations agreeable to them, such as dressing, undressing, cleaning the room, washing themselves, setting the table, eating, etc. . . But we, on the other hand. . . always with the same erroneous idea that the end to be obtained is the completion

of the action, we dress and wash the child, we snatch out of his hands objects which he loves to handle, we pour the soup into his bowl, we feed him, we set the table for him."

By taking over his jobs, we deprive him of the cherished chance to practice, to act, to do for himself.

"He prefers the act of washing to the satisfaction of being clean: . . . he prefers the action of dressing himself to the state of being dressed. [For it is by these very acts that he] trains his various senses separately. . . concentrates his attention and develops, piece by piece, his mental activities. . ."

The child then, when he is working along with us, must not be hurried into the next task. He must be free to repeat any part of it he wishes. Again, Dr. Montessori says: "The exercise which develops life consists in the repetition, not in the mere grasp of the idea. When the child has attained this stage, of repeating an exercise, he is on the way to self-development. . . ." Thus Montessori makes us aware that what looks like mere physical practice at an ordinary task may yield intellectual and developmental dividends that far transcend the value of mastering a particular household skill. Her point reminds us of a fact we all too often forget, both in terms of ourselves and the children we want so much to help increase their mental prowess: the raw material for our highest intellectual processes can come to us through our senses.

Under the real time pressures of daily life, the parent often has too many responsibilities to the family as a whole to permit him to take part in these repetitive exercises so necessary to the child. For this reason, it is important for the child to have his own supply of materials whenever possible, so that he may continue practice on his own while the parent concentrates on getting the job done.

Another implication of task analysis is anticipation of difficulties which may make trouble for the child and unnecessary work for the parent. For example, pouring is an exacting skill which the child must master in order to move toward independence in feeding himself and, much later, in serving others. But if a child pours liquid without preparation, this can lead to a mess which would put a severe strain on the patience of any busy parent. What can we do to allow him to practice this necessary skill? One approach which I am sure we all think of immediately is to let him practice in the bathroom, or to put down a protective cloth under where he is working. Another approach is to let him pour solids -- cereal, beans, rice, etc., before he attempts to pour liquids. It is this sort of preparation which encourages the child to try new skills without fear of failure and punishment. And it is clear how important that attitude will be in gaining him success at school.

Education traditionally has been extremely language oriented, and although there is some movement away from almost total concentration on verbal skills, the schools still make great demands on a child's ability to understand and use language.

It is therefore very important that as we work together with the child, we talk to him in simple terms about what we are doing. Don't drown him in language with an uninterrupted flow of talk. Use words sparingly. Ask him questions. Encourage him to express preferences and make choices. His attentiveness to what you say to him, and your attentiveness to what he says to you will serve him well when he gets to school. Jean Piaget, perhaps the most eminent child psychologist in the world today, has made a major theoretical cornerstone of his work his conviction that our logical organization of our actions necessarily precedes our ability to organize our verbal world. He also says "knowing an object means acting upon it" and thus joins with Montessori in stressing the importance for the young child of the link between physical and mental activities.

Let us look in a little more detail at few additional examples of household tasks that you and your child may enjoy while his security in his competence, and the competence itself, grow.

As you are dusting, or washing a table top, the child may work along with his own small cloth or sponge. Whenever possible, the tools he uses should be scaled so that they are comfortable for him to handle. It may be helpful to make up a little song as you go along, chanting softly "left. . . right, left. . .right" as your hands move back and forth across the surface. Similarly, "up. . .down, up. . .down." Acquaintance with position words will help him learn about his own body in space, and help him with the left-handedness, right-handedness distinctions so fundamental in our forms of literacy.

In addition to the sorting exercises mentioned earlier, your child's understanding of arithmetic will be aided by giving him various sizes of scoops - - teaspoons, tablespoons, measuring cups, etc. - - and have him count how many scoops it takes to fill a certain container.

Jars and tops are always getting into a hopeless jumble. Have your child help you sort them out, matching the correct sized top to the jar. He also should gain practice with a variety of containers which open in different ways. These visual discriminations and coordination exercises are of great importance for his competence both at home and at school.

Of course, sometimes his task should be just fun - - let him polish a penny to glittering brightness while you polish the

living room furniture. Even a few bright pennies shine like untold riches.

Untold riches are exactly what we are dealing with. For as a child comes to trust his own value at home as an independent and useful member of the family, he will be readied to gain that same justified trust in himself as part of the larger family outside. Those are the riches that make up all our worlds, and with these ordinary home tasks we can maximize every child's chances of it being true for him.

HOME LEARNING ACTIVITIES

Activities in body balance and grace:

carrying cups, saucers, silverware for meals.
placing them quietly
carrying newly folded linen
opening and closing drawers
climbing the stepstool
jumping on the mattress
sweeping and vacuuming and carpet sweeping

Activities in fine motor control:

buttoning
zipping
snapping
cutting string on parcels
cutting flower stems
cutting bananas, pears, with a blunt knife
shelling peas
peeling vegetables and fruits
washing vegetables and fruits
using snap clothespins to hang clothes
stringing macaroni
cracking nuts
using a hole puncher
using a screw driver, hammer, nails
using a toaster prong to lift ice cubes
using a tweezer to lift small objects
beating eggs
making soap suds with an egg beater
polishing pennies
grating vegetables
using a can opener
spreading butter
using a baster
using an eye dropper
using a crumb brusher
locking, unlocking the door, bolt

Activities in eye-hand coordination:

pouring from one vessel to another: rice, beans, water
 pouring into a cup from a pitcher
 drying silverware, cups, dishes
 changing water in flower vases
 watering plants
 dusting
 washing the table top
 hanging clothing on pegs or hangers
 polishing brass, silver
 polishing shoes
 polishing faucets
 ironing
 brushing clothes
 folding laundry
 scrubbing bathroom tiles
 using a finger brush
 washing the sink

Activities in visual discrimination and matching:

placing silverware in tray dividers
 replacing dishes, glasses by size
 setting the table
 sorting groceries (i.e. matching orange to orange and
 later sorting fruits, vegetables)
 sorting items from the junk box into muffin tins
 (screws, washers, nails, old keys, buttons)
 matching a variety of bottle tops to corresponding
 bottles and jars
 sorting folded laundry into appropriate piles
 replacing blocks by size and shape
 sorting buttons by color
 sorting nuts into appropriate cannisters
 matching colored spools of thread from the sewing box
 pressing the needed elevator button
 using measuring cups in cooking
 matching pieces of fabric
 finding the family mail box

CLOSING REMARKS

Dr. Helen D. Feulner

This is the age of (1) involvement and (2) accountability. If we start with these two words, we should be helping parents become more involved and we should also be making it possible for them, and encouraging them, to demand the kind of accountability to which they are entitled.

I would like to call your attention to an article in a book called "People," written by a parent of a handicapped child from Westchester County. It was about a parent who was searching for a program for a child. She found that some programs were for this kind of child and some for that kind, but always the label on the program kept the child from being accepted. It was a plea from the parent to stop hanging onto the labels and to start focusing on the child; to think in terms of a group of children who have special needs that we could meet.

One of the points of view expressed was that in this age of special education, parents don't have to be humbly grateful for an education for their child. This is what we mean by accountability. Under the law every child is entitled to an education.

Dr. Feulner is Acting Assistant Superintendent, Office of Special Education and Pupil Personnel Services, Board of Education, New York City.

We're not doing him a favor and the parent need not be grateful or full of fear and anxiety. This is a different age, and it should be.

We have had some budget situations in the last three or four days that have been worrisome. Even in this age it is happening again - when things get cut, the special education child gets cut and the severely handicapped get nothing. Parents of handicapped children should be given some assistance in asserting their rights and making the Boards of Education and educators accountable to their children.

This is the age where the focus of our decentralized system was to give the parent personal involvement, with closeness to policy making and decision making in what his child learns. Our parents have a right to be involved. There is a responsibility for parents to be involved and to be knowledgeable. As professionals, we have the responsibility to help parents become more sophisticated and more knowledgeable by providing services and workshops, and by establishing better communication between parents and professionals and parents and parents. We are leaning heavily on the peer relationship as a positive force in this educative process.

I would like to outline where we are going in special education and ways in which parents should be involved:

- (1) We are going through an era of unprecedented expansion. In the last six-to-seven month period, 453 new brain-injured children have been picked up. Well over 1000 new children are receiving full time special education services.
- (2) We are restructuring our organizational patterns and making complete changes in nomenclature in line with new trends in special education. These changes include early identification and programming; mainstreaming to a greater degree than before; keeping children with special needs in regular classes with services from resource teachers to promote maximum integration; dealing with many more severely damaged children than before, including the doubly-handicapped (mentally retarded with serious orthopedic problems). One hundred thirty children who had been served by AHRC who had many emotional problems, as well as retardation, were picked up by the public school program at once. We have the resources to put

into it that AHRC was not able to provide. We will continue to take more severely handicapped children. After the Willowbrook and Letchworth publicity there will be a trend towards taking children in public schools who had previously been institutionalized.

- (3) Broader and more efficient screening is now taking place.
- (4) With significant changes in programs, tremendous attitudinal changes are necessary. We have to help parents understand the new ways we are doing things. We have to develop ways of stimulating understanding and acceptance on the part of parents. The fact that we brought multi-handicapped children into the ghetto from outlying areas, requires work with parents. Effective communication must be established. Providing visual materials is necessary. SEIMC has to consider the possibility of developing multi-media materials that can be carried to all parts of the city.

This will make a real contribution. Effective material demonstrating all kinds of new programs would be a real contribution. These should be developed with parents in mind and less professional jargon should be used.

One of our big parent education jobs is with the parents of the non-handicapped. They say some of our children seem to be more "normal" than others. The brain-injured are more accepted than the emotionally disturbed. If SEIMC is directing its efforts toward parent seminars, there will have to be a big educational job done for the parents of the non-handicapped, and for Community School Boards. We have to demonstrate that the more severely handicapped children can be involved, and that they have unrealized potential.

We must appeal in terms of economics as well as human grounds, because the cost of institutionalization and sheltered workshops far exceeds the costs of special education.

The expanding programs in secondary schools and in vocational education also require attitudinal change. Greater understanding and greater involvement in educational planning by the parent and community is essential.

The education of the handicapped must get thrown into the political arena and into the media.

There is a need for parents to become politically more sophisticated and better organized. Getting facts to parents and letting them make their own decisions is important. Parents are going to have to be involved in legislative action regarding early identification, for example, so that we can get transportation for children under five and can provide educational services for them. Legislation is going to have to be supported by the parents. They have to realize that it is important for their children to get special education at ages three and four.

In this city, we have no weighted formula for providing state aid for special education and all the city receives is \$400 per child. It costs much, much more per child in some private schools, and the city has to pay that entire cost in some cases. Parent supported legislation could change that inequity.

Of course, the basic parent education is related directly to the child and includes:

(1) What we do for the child himself.

We must develop parent understanding and education as soon as the child is born. We have to work with the hospital staff and pediatricians. Working with parents of pre-school children from birth to five years of age is extremely important.

- (2) We should have workshop seminars on the school programs themselves. The needs of the child for a structured or non-structured environment have to be studied. I prefer to bring the parent right into the school. Demonstration materials should be directed toward providing knowledge of what the teacher does in school with the child and why it is done.
- (3) We have to teach parents how to establish the right kind of learning climate in the home. Develop parents' skills in terms of volunteer service, in assisting children other than their own and they then become more understanding of their own children. This has worked successfully in a Teacher-Mom program in the Bronx where parents are being trained to work on a one-to-one basis with a child. At the Center for Multiple Handicapped Children, parents are getting involved in volunteering to assist in the classrooms.

Parent cooperation and involvement are vital links in the chain of education for the handicapped child. Without it, we cannot succeed; but we cannot get this involvement and cooperation unless we recognize our role in parent education. Parents and educators must develop a meaningful partnership if our children are to reach their full potential.

EVALUATION

Participants were asked to complete the appended evaluation form at the end of the two-day Special Study Institute. The responses to these evaluation forms were tabulated and studied. The summary data is presented below.

<u>Evaluation Form</u>		
Part IV		
	YES	NO
1. Was the Seminar a meaningful experience for you?	<u>33</u>	<u>3</u>
2. Did the general sessions provide material for discussion in the work committee sessions?	<u>25</u>	<u>10</u>
3. Was your group able to work together?	<u>35</u>	<u>1</u>
4. Did you feel that your individual work committee was able to come up with viable suggestions?	<u>24</u>	<u>11</u>
5. Have you scheduled a follow-up meeting to further explore the problems in your region?	<u>12</u>	<u>20</u>
6. Was the material contained in the hand-out packet useful and meaningful?	<u>35</u>	<u>1</u>

Most of the participants indicated that the conference was "productive," "well done," and helped develop "sensitivity and awareness to needs."

The general sessions and individual presentations were thought to be interesting and well structured. The committee workshops were also thought to be well structured, with ample time allowances, and effective staff consultation.

The facilities were referred to widely as excellent, and almost all participants indicated that opportunities for idea exchange were satisfactory.

Improvements which might be made in the future conferences involve specifics for follow-up plans.

REGIONAL SPECIAL EDUCATION INSTRUCTIONAL MATERIALS CENTER

CITY UNIVERSITY OF NEW YORK
 HUNTER COLLEGE - BOX 390
 695 Park Avenue
 New York, New York 10021

EVALUATION

Special Study Institute

SEIMC SERVICES TO PARENTS OF HANDICAPPED CHILDREN
 (SEIMC: A Partner to Parents and Educators of Handicapped Children)

Brotherhood-In-Action Building
 New York, New York

March 14 and 15, 1972

The RSEIMC is seeking your comments concerning this seminar. Your evaluation, honestly and thoughtfully expressed, is desired so that future workshops may be planned and conducted with the benefit of constructive participant suggestions. DO NOT SIGN THIS QUESTIONNAIRE.

I Place a check mark on the line preceding the words or phrases which best describe this workshop. Check as many appropriate responses as you feel apply.

- | | |
|---|---|
| ☐ Too brief | ☐ Achieved its purpose |
| ☐ Lacked interest | ☐ Lacked depth |
| ☐ Needs Improvement | ☐ Creative |
| ☐ Ineffective | ☐ Too technical |
| ☐ Comprehensive | ☐ Productive |
| ☐ Too lengthy | ☐ Motivational |
| ☐ Well done | ☐ Unfruitful |
| ☐ Pointless | ☐ Vague |
| ☐ Enjoyable | ☐ Presented new concepts |
| ☐ Developed sensitivity and awareness to needs | |

II The Demonstrations, Individual Presentations and General Sessions.

Place a check mark next to the words which indicate the extent to which you agree with the following statements.

The objectives of the sessions were clear.

No	Strongly	Mildly	Strongly	Mildly
1.opinion___	2.disagree___	3.disagree___	4.agree___	5.agree___

There was ample opportunity to ask questions and exchange ideas during the sessions.

No	Strongly	Mildly	Strongly	Mildly
1.opinion___	2.disagree___	3.disagree___	4.agree___	5.agree___

Illustrative materials were appropriately used.

No	Strongly	Mildly	Strongly	Mildly
1.opinion___	2.disagree___	3.disagree___	4.agree___	5.agree___

Adequate facilities were provided for the presentation.

No	Strongly	Mildly	Strongly	Mildly
1.opinion___	2.disagree___	3.disagree___	4.agree___	5.agree___

Suggestions for practical application were presented.

No	Strongly	Mildly	Strongly	Mildly
1.opinion___	2.disagree___	3.disagree___	4.agree___	5.agree___

Content was presented in an interesting fashion.

No	Strongly	Mildly	Strongly	Mildly
1.opinion___	2.disagree___	3.disagree___	4.agree___	5.agree___

The workshop was well structured.

No	Strongly	Mildly	Strongly	Mildly
1.opinion___	2.disagree___	3.disagree___	4.agree___	5.agree___

Ample time was provided.

No	Strongly	Mildly	Strongly	Mildly
1.opinion___	2.disagree___	3.disagree___	4.agree___	5.agree___

III Individual Committee Workshops

The objectives of the workshop were clear.

No	Strongly	Mildly	Strongly	Mildly
1.opinion___	2.disagree___	3.disagree___	4.agree___	5.agree___

There was ample opportunity to ask exchange ideas during the workshop.

No	Strongly	Mildly	Strongly	Mildly
1.opinion___	2.disagree___	3.disagree___	4.agree___	5.agree___

Effective staff was available for consultation.

No Strongly Mildly Strongly Mildly
1.opinion__ 2.disagree__ 3.disagree__ 4.agree__ 5.agree__

Adequate facilities were provided for the workshop.

No Strongly Mildly Strongly Mildly
1.opinion__ 2.disagree__ 3.disagree__ 4.agree__ 5.agree__

The workshop was well structured.

No Strongly Mildly Strongly Mildly
1.opinion__ 2.disagree__ 3.disagree__ 4.agree__ 5.agree__

Ample time was provided.

No Strongly Mildly Strongly Mildly
1.opinion__ 2.disagree__ 3.disagree__ 4.agree__ 5.agree__

Sessions were too exploratory with few specifics. Follow-up is needed.

No Strongly Mildly Strongly Mildly
1.opinion__ 2.disagree__ 3.disagree__ 4.agree__ 5.agree__

IV Please check the appropriate line.

YES NO

1. Was the seminar a meaningful experience for you? ____
2. Did the general sessions provide material for discussion in the work committee sessions? ____
3. Was your group able to work together? ____
4. Did you feel that your individual work committee was able to come up with viable suggestions? ____
5. Have you scheduled a follow-up meeting to further explore the problems in your region? ____
6. Was the material contained in the hand-out packet useful and meaningful? ____

FILM RECOMMENDATIONS

A Time For Georgia - 14 Minutes

Describes the Pre-Schooler's Workshop, a special nursery-kindergarten school for the very young child whose social, emotional, and intellectual functioning is impaired. Documents a four-year-old autistic child's struggles and triumphs in her classroom world and shows her progress within a six-month period. Pre-Schooler's Workshop, 38 Old Country Road, Garden City, New York 11530. Rental - \$12.00

Autistic Syndrome I - 43 Minutes

Presents some aspects of psychotherapy with a three-year-old autistic girl during her first year of residential treatment. In opening scenes she is shown with her normal twin sister. Then we see her relationship to her therapist while undergoing treatment. Twelve months later the twin sisters are observed again with interest focused on changes in behavior. Produced in Holland. Available at New York University Film Library, 26 Washington Place, New York, N.Y. Rental - \$15.00

Becky - 15 Minutes, Color

A family's experience when their child is born retarded and institutionalization is advised. Appropriate for associations concerned with retarded children. Stuart Finley, Inc., 3428 Mansfield Road, Falls Church, Virginia 22041. Rental - \$15.00

Behavior Modification: Teaching Language to Psychotic Children - 40 Minutes

Based on the pioneering work of O. Ivar Lovaas, this film describes the use of reinforcement and stimulus fading techniques in teaching speech to psychotic children. It shows how self-destruction was suppressed and how imitative verbal behavior was established in previously mute children. New York University Film Library, 26 Washington Place, New York, N. Y. Rental - \$30.00

Bright Boy, Bad Scholar - 28 Minutes

Discusses and shows examples of children with high IQ's who have learning difficulties. Interviews with the parents are included. Contemporary Films, McGraw-Hill, 828 Custer Avenue, Evanston, Illinois 60202. Rental - \$15.00

Early Recognition of Learning Disabilities - 30 Minutes

Interviews with parents and teachers emphasize that it is urgent to recognize learning disabilities early and provide potential. National Medical Audiovisual Center (Annex), Station K, Atlanta, Georgia 30324. Free Loan

How Babies Learn - 35 Minutes

Special attention is given to the importance of the mother-child relationship in enabling children to profit from their learning encounters with the environment. The State Education Department, SEIMC Film Library, 55 Elk Street, Albany, N.Y. Free Loan

I Walk Away In The Rain - 12 Minutes, Color

The problem of motivating a highly capable adolescent making minimal effort. Holt, Rinehart and Winston, Inc., 383 Madison Avenue, New York, N.Y. 10017 Rental - \$12.00

I'm Not Too Famous At It - 28 Minutes

This film demonstrates how essential it is to know specifically what each child can and cannot do. It also explains the many and varied behavioral problems generally associated with learning disabilities. The State Education Department, SEIMC Film Library, 55 Elk Street, Albany, N.Y. Free Loan

In Touch: Movement for Mentally Handicapped Children - 25 Minutes

During a Mental Health Teacher Training Course in Bristol, England, student teachers explore many ways in which movement can aid contact with children. They also explore more sensitive, expressive and dramatic ways of relating to others. The film also illustrates how these students develop awareness of themselves by discovering parts of their bodies. Finally each student works with a child partner. New York University Film Library, 26 Washington Place, New York, N. Y. Rental - \$15.00

It Feels Like You're Left Out Of The World - 28 Minutes

One of the central themes of this film is that the self-esteem of a child with a learning disability is in severe jeopardy. The frustrations of the children and their parents are expressed in their own words. Several guidelines for a flexible approach are given. The State Education Department, SEIMC Film Library, 55 Elk Street, Albany, N.Y. Free Loan

Looking At Children

The film's focus is on the physical health of school children and the teacher's strategic position on making observations and referrals. Metropolitan Life, 1 Madison Avenue, New York, N.Y. Free Loan

Looking For Me - 29 Minutes

Dance therapist Janet Adler narrates this filmed report of an unusual research project in which she investigated the therapeutic benefits of patterned movement in working with four types of pupils: normal pre-school children at ages four and five; emotionally disturbed children; two autistic children (aged two and five); and a group of adult teachers. New York University Film Library, 26 Washington Place, New York, N. Y. Rental - \$15.00

Old Enough But Not Ready - 28 Minutes

The children in this film are old enough and bright enough to go to regular school, but as early as the first grade they are having difficulty in learning. The film offers general advice on how to approach the problem. The State Education Department, SEIMC Film Library, 55 Elk Street, Albany, N. Y. Free Loan

Reinforcement Therapy - 45 Minutes

Describes reinforcement therapy in experimental programs that apply learning theory to the treatment of mentally and emotionally disturbed children and adults, and to the teaching of the mentally retarded. New York University Film Library, 26 Washington Place, New York, N.Y. Rental - \$7.50

Selling One Guy Named Larry - 17 Minutes

Two million mentally retarded persons are gainfully employed in this country, but at least one million more need jobs and they could fill positions satisfactorily if they had the training. The film shows training and placement programs in various locations, as well as statements from employers telling why they believe it's good business to hire the retarded. New York University Film Library, 26 Washington Place, New York, N.Y. Rental - \$7.00

Show Me - 28 Minutes

This film was designed to promote the teaching of movement and rhythms for the mentally retarded and to convey the need for these activities. The activities are presented with no verbalization except "Show Me." To this simple approach the passive, depressed child can respond as can the uninhibited, overexcited and anxious child. New York University Film Library, 26 Washington Place, New York, N. Y. Rental - \$12.00

The Puzzling Children - 20 Minutes

A documentary film produced for CANHC, deals with the problems of learning disabilities, and shows how an organization such as CANHC meets these needs. CANHC Movie Distribution, 6061 West 75th Place, Los Angeles, California 90045. Purchase - \$75.00

The School Daze Of The Learning Disability Child

A two-part sound film strip program which explores and explains the basic handicaps of the learning-disability child, how they create inter-personal problems at home and school, and what might be done to neutralize these effects. Alpern Communications, 220 Gulph Hills Road, Radnor, Pennsylvania. Purchase - \$60.00

Thursday's Children - 34 Minutes

Concerns early identification of deviant growth patterns and educational goals related to the alleviation of such patterns. The Miriam School, 524 Bismark, Webster Groves, Missouri 63119
Rental - \$15.00

Stress: Parents With A Handicapped Child - 30 Minutes

Depicts the impact which a child with a physical or mental disability has on a variety of families from different socio-economic backgrounds...intimate glimpses into six households in Britain, with children having such conditions as mental retardation, schizophrenia, cerebral palsy, epilepsy, and muscular dystrophy. New York University Film Library, 26 Washington Place, New York, N. Y. Rental - \$11.00

Teaching The Way They Learn - 28 Minutes

This film presents a series of learning episodes which illustrate specific learning difficulties and specific approaches to the remediation of these difficulties. Contemporary Films, McGraw-Hill, 828 Custer Avenue, Evanston, Illinois 60202. Rental - \$15.00

The Broken Bridge - 35 Minutes, Color

Demonstrates Dr. Irene Kassorla's actual therapy sessions over a period of four months with children who could not communicate. Time Life Films, 4 West 16th Street, New York, N. Y. 10011. Rental - \$40.00

The Growth And Development Of A Multiply Handicapped Infant - 10 Minutes

This is a record of a profoundly retarded blind infant's first three and one-half years of life. Clinical examinations during the first year of life are juxtaposed with a typical day at home at 22 months of age. The family's decision to institutionalize the child is shown, as is a visit from his mother when he is 42 months old and a resident of the State School for the Retarded. New York University Film Library, 26 Washington Place, New York, N. Y. Rental- \$7.50

The Learning Series - 28 Minutes

This series is made up of four films showing graphic episodes of real children attempting to cope with life tasks for which they are not ready. Host and consultant Dr. Sam Rabinovitch, Director of Learning Center, Montreal Children's Hospital. Contemporary Films, McGraw-Hill, 330 West 42nd Street New York, N.Y. 10036. Rental - \$15.00

The Opportunity Class - 22 Minutes

Documents the origin, development and activities of a special nursery class for both handicapped and normal children. The Opportunity Class plays a useful role in preparing the physically or mentally handicapped child for entrance into a formal classroom setting. Mothers also benefit from social contact with other parents. New York University Film Library, 26 Washington Place, New York, N.Y. Rental \$16.00

Edgington, R.

HELPING CHILDREN WITH READING DISABILITY**. Chicago:
Developmental Learning Material, or CANHC, \$1.00

Written for parents - gives suggestions, pictures teaching aids which can be made at home and lists books and teaching aids which can be purchased. Pages 70 and 71 lists Do's and Don'ts which every parent should memorize.

Egg, Dr. Maria

WHEN A CHILD IS DIFFERENT (For Parents of M.R. Children)
New York: John Day Company, 1964

A guidebook for parents. What to expect - how to act with their retarded child. Discusses medical causes of M.R. and effect on other siblings. Practical suggestions for parents in educating their retarded child.

Fisher, R.

FORMATION OF A GROSS MOTOR PROGRAM**
CANHC or CACLD, 60¢

Shows what a parent group can do in setting up a program - many ideas.

Frey, M.

ABC'S FOR PARENTS - Aids For Management of the Slow Child**
CANHC or Easter Seal, 10¢
27 suggestions.

Golick, Margaret

A PARENT'S GUIDE TO LEARNING PROBLEMS, Montreal, Quebec:
Quebec Association for Children with Learning Disabilities, 1970
Discusses many household activities in which the parent can involve the child. Suggestions and ideas for parents.

Gordon, Sol, Ph.D.

BRAIN INJURED ADOLESCENT**
BIC or CANHC, 35¢

Contains 18 suggestions for parents in helping their adolescent cope.

Hart, Evelyn

HOW RETARDED CHILDREN CAN BE HELPED. New York:
Pub. Affairs Pamphlet 288

Kallstrom, C.

THE ATYPICAL CHILD IN CHOIR**
(Reprint from, Chorister Guild letter), CANHC, 15¢
Article to explain your child to church people

Kastein, S. & Trace, B.

THE BIRTH OF LANGUAGE. Springfield, Illinois:
Charles C. Thomas, 1969.

Story of a dedicated mother working with a supportive, insightful speech pathologist. Traces the development of a child extremely handicapped both in terms of communication and socially adaptive behavior into a delightful child functioning in at a normal level. This book is not only inspirational for teachers and parents,

but extremely valuable in terms of an approach to working with language impaired and other kinds of severely handicapped children.

Katz, Alfred H.

PARENTS OF THE HANDICAPPED. Springfield, Illinois:
Charles C. Thomas, 1961

Describes the self-organization and development of parent groups, their relationships to the community, professional attitudes toward these groups.

Keldgord, R.

BRAIN DAMAGE AND DELINQUENCY - A QUESTION AND A CHALLENGE**
CANHC, 25¢

Mr. Keldgord is California's Director for the National Council on Crime and Delinquency. Some years ago our nations police were not always careful in distinguishing between a diabetic suffering insulin shock and a drunk -- now they are -- Mr. Keldgord asks 'Why can't the police be educated to the N.H. youngster?

Killilea, Marie

KAREN New York:
Prentice-Hall, 1952

Extremely well written account of the personal experience of Karen's parents, from original diagnosis, through a series of specialists and clinics, before finding a pediatrician that rekindled their spirit of hope.

Kratoville, B. L.

HAPPINESS IS A THING CALLED LEARNING** Texas:
ACLD or CANHC, 25¢

A mother writes of her despair at being told her son should be institutionalized and what she did to help him overcome his problems.

Kronick, D.

RELATIONSHIPS BETWEEN PROFESSIONALS AND FAMILIES OF CHILDREN WITH MINIMAL BRAIN DYSFUNCTION** San Rafael, California:
Academic Therapy or CANHC, 35¢
A Parent's Viewpoint

Kronick, D. Ed.

THEY TOO CAN SUCCEED** San Rafael, California:
Academic Therapy or CANHC, \$3.75

Techniques and strategies compiled by 4 mothers with handicapped children who have drawn on their years of experience. A PARENT MUST!

Kvaraceus, Vm.&Hayes, N.

IF YOUR CHILD IS HANDICAPPED. Boston:
Porter Sargent, 1959

A collection of articles written by parents of handicapped children, covering the physically handicapped, mentally retarded, deaf, blind, partially sighted, emotionally disturbed, and children with special health problems

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Lehman, E.

WHO IS THIS CHILD? **

CANHC, 15c

An intelligent general explanation for layman - first published by American Education

Lewis, R.

THE PERCEPTUALLY HANDICAPPED CHILD **

CANHC or Easter Seal, 25c

Simple explanation of perception a parent can understand.

Minde, Klaus

A PARENT'S GUIDE TO HYPERACTIVITY IN CHILDREN. Montreal, Quebec:

Quebec Association for Children with Learning Disabilities

Discusses difficulties well intentioned parents have in living with hyperactive children. Suggests some methods of dealing with the problem.

Murphy, J.F.

LISTENING, LANGUAGE AND LEARNING DISABILITIES Cambridge, Massachusetts:

Educators Publishing Service, \$2.00

A guide for parents and teachers.

Murray, D.

THIS IS STEVIE'S STORY. Nashville:

Abingdon Press, 1956

The story of a retarded boy and his family, written by the boy's mother.

Nall, A.

WHAT IS STRUCTURED? **

CANHC or CACLD, 15c

An aid to discipline in the home.

Nall, A.

WHO KILLED COCK ROBIN? ** Texas:

ACLD or CANHC, 25c

What is education doing to the adolescent with Learning Disabilities?

Oettinger, L. MD

AMPHETIMINES, HYPERKINESIS AND LEARNING **

CANHC, 5c

An article on medication written expressly for parents.

Olds, S.

IS THERE A TORNADO IN THE HOUSE? **

(Reprising from Today's Health), CANHC, 25c

Excellent article about hyperactivity.

ORTON SOCIETY BULLETIN ** Connecticut:

Orton Society Pomfret, or CANHC, 1969, \$3.50

Part III is prime parent reading - included such articles as Language Disabilities in Men of Eminence, The Forgotten Child of 1969;

Alec Knapp by his mother; The Story of Jay, all non-fiction.

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Patterson & Guilford

LIVING WITH CHILDREN** Champaign, Illinois:

Research Press or CANHC \$2.50

New methods for parents and teachers. Gives many helpful ideas and can also be very useful as a basis for observing and discussing your child's behavior with professionals.

Rich Mildren

HANDCRAFTS FOR THE HOMEBOUND HANDICAPPED Springfield, Illinois:

Charles C. Thomas, 1960

Contains craft projects with simple projects, arranged and grouped for various types of physical handicaps or involvements, with techniques within the range of pupils' abilities.

Scagliotta E.

HOME LANGUAGE TRAINING FOR DYSGRAPHIC AND APHASIC CHILDREN**

(Volta Bureau reprint) CANHC 55¢

Covers auditory training, speech and language development - actual instructions for teaching consonants etc.

Smith B.K.

DILEMMA OF A DYSLIXIC MAN** Austin, Texas:

Hogg Foundation or CANHC 25¢

Have you ever wondered what it would be like not to be able to read? Read Dwayne's true story and find out.

Smith, B.K.

YOUR NONLEARNING CHILD HIS WORLD OF UPSIDE-DOWN. Boston:

Beacon Press, 1968

Contains case studies of five dyslexic children. How the children see themselves how parents and teachers see them and some general sources of information.

Smith J. & Smith D.

CHILD MANAGEMENT. Ann Arbor:

Ann Arbor Publishers, 1966

A course of instruction designed to improve the skill of parents and teachers in training children

LEARNING DISABILITIES DUE TO MINIMAL BRAIN DYSFUNCTION - HOPE THROUGH RESEARCH**

U.S. Department of Health Education and Welfare

U.S. Government Printing Office or CANHC 20¢

Touches on diagnosis, research and helpful hints for parents.

Tracy, S., et al.

IF YOU HAVE A DEAF CHILD. Urbana:

University of Illinois Press, 1965

A collection of helpful hints to mothers of pre school deaf children, discusses child growth and development in general terms, and hearing aids language, and home management specifically for deaf children.

Valett, Robert E.

MODIFYING CHILDREN'S BEHAVIOR - A Guide For Parents and Professionals
Palo Alto: Fearon Press, 1969

Discusses major problems that parents encounter in trying to modify their children's behavior, consists of 9 major programs each program covering a major area of parental concern.

Valett, R.

PRESCRIPTIONS FOR LEARNING - A Parents Guide to Remedial Home Training**
Fearon Pub. or CANHC, \$2.75

Asks such questions as: What concerns you most about your child?
- What do you want your child to accomplish most? - Then gives a hierarchy of tasks necessary for learning section on observation then selecting objectives. Gives suggestions for constructing learning aids and obtaining commercial aids. Should be used with the assistance of an education consultant, teacher, etc.

Vanderpoel, S.

THE CARE AND FEEDING OF YOUR DIABETIC CHILD. New York:
Frederick Fell, Inc., 1968

Practical and helpful hints for parents. Contains a special section on food exchange.

Vickas, D., Falk M.

ADVICE TO PARENTS OF A CLEFT PALATE CHILD. Springfield Illinois:
Charles C. Thomas, 1970

A source of information for parents of a child with cleft palate and/or lip. Discusses etiology of cleft palate, speech characteristics, plastic and reconstructive surgery dentist management, auditory management, emotional adjustments techniques in speech and language development.

Wolfensberger W., Kurtz, R.

MANAGEMENT OF THE FAMILY OF THE MENTALLY RETARDED. Chicago:
Follett, 1969

A compilation of articles directed to all those involved in the management of the family of the mentally retarded, regardless of their disciplinary affiliation and orientation.

KEY

** These publications may be ordered from the:

ACLD -	Association for Children with Learning Disabilities 2200 Brownsville Road Pittsburg, Pa. 15210
CACLD -	Canadian Association for Children with Learning Disabilities 88 Eglinton Ave. East - Suite 322 Toronto, 315, Ont. Canada
CANHC -	California Association for Neurologically Handicapped Children P.O. Box 604, Main Office Los Angeles, Ca. 90053
Chicago ACLD -	Box 4451
P.H. CHILD -	Chicago, Illinois 60680
NJACLD -	New Jersey ACLD Williams Street East Orange, New Jersey 07017
NYABIC	New York Association for Brain Injured Children 205 Broadway New York, N.Y. 10007
Texas ACLD Resource:	67 Patti Lynn Lane Houston, Texas 77024

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